

SERFF Tracking Number: PRUX-G128317239 State: Arkansas

Filing Company: The Prudential Insurance Company of America State Tracking Number:

Company Tracking Number: AR030030100015

TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment

Product Name: PF: Special Risk AD&D

Project Name/Number: PF: Special Risk AD&D/

Filing at a Glance

Company: The Prudential Insurance Company of America

Product Name: PF: Special Risk AD&D SERFF Tr Num: PRUX-G128317239 State: Arkansas

TOI: H03G Group Health - Accidental Death & Dismemberment SERFF Status: Closed-Approved-Closed State Tr Num:

Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment Co Tr Num: AR030030100015 State Status: Approved-Closed

Filing Type: Form

Author: SPI Prudential Reviewer(s): Rosalind Minor

Date Submitted: 05/03/2012 Disposition Date: 05/03/2012

Disposition Status: Approved-Closed

Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: PF: Special Risk AD&D Status of Filing in Domicile:

Project Number: Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small and Large

Group Market Type: Blanket, Other, Discretionary, Employer, Trust Explanation for Other Group Market Type: Credit Union

Overall Rate Impact: Filing Status Changed: 05/03/2012

Deemer Date: State Status Changed: 05/03/2012

Submitted By: SPI Prudential Created By: SPI Prudential

Filing Description: Corresponding Filing Tracking Number:

See Cover Letter

State Narrative:

Company and Contact

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Filing Contact Information

Laura Edcus, Regulatory Contract Specialist laura.edcius@prudential.com
 80 Livingston Avenue 973-548-5372 [Phone]
 Roseland, NJ 07068 973-548-6480 [FAX]

Filing Company Information

The Prudential Insurance Company of America CoCode: 68241 State of Domicile: New Jersey
 80 Livingston Avenue Group Code: 304 Company Type: Life and Health
 Roseland, NJ 07068 Group Name: State ID Number:
 (973) 548-6479 ext. [Phone] FEIN Number: 22-1211670

Filing Fees

Fee Required? Yes
 Fee Amount: \$300.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Prudential Insurance Company of America	\$300.00	05/03/2012	58903424

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/03/2012	05/03/2012

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Disposition

Disposition Date: 05/03/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Enclosure for Blanket Accident Coverage	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Who Is Eligible to Become Insured	Approved-Closed	Yes
Form	Voluntary Accidental Death and Dismemberment Coverage	Approved-Closed	Yes
Form	Additional Benefits under Voluntary Accidental Death and Dismemberment Coverage	Approved-Closed	Yes
Form	Hazard Provisions under Voluntary Accidental Death and Dismemberment Coverage	Approved-Closed	Yes
Form	Definitions under Voluntary Accidental Death and Dismemberment Coverage	Approved-Closed	Yes
Form	Claim Rules	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 83500 BEL 5117

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Status							
Approved-Closed 05/03/2012	83500 BEL 5117	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Who Is Eligible to Become Insured	Initial		55.700	83500 BEL 5117.PDF
Approved-Closed 05/03/2012	83500 ADD R 5107	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Voluntary Accidental Death and Dismemberment Coverage	Initial		52.400	83500 ADD R 5107.PDF
Approved-Closed 05/03/2012	83500 ADD A 5051	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Additional Benefits under Voluntary Accidental Death and Dismemberment Coverage	Initial		55.300	83500 ADD A 5051.PDF
Approved-Closed 05/03/2012	83500 ADD H 5023	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Hazard Provisions under Voluntary Accidental Death and Dismemberment Coverage	Initial		58.400	83500 ADD H 5023.PDF
Approved-Closed 05/03/2012	83500 ADD D 5026	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Definitions under Voluntary Accidental Death and Dismemberment Coverage	Initial		50.300	83500 ADD D 5026.PDF

<i>SERFF Tracking Number:</i>	<i>PRUX-G128317239</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Prudential Insurance Company of America</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>AR030030100015</i>		
<i>TOI:</i>	<i>H03G Group Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death & Dismemberment</i>
<i>Product Name:</i>	<i>PF: Special Risk AD&D</i>		
<i>Project Name/Number:</i>	<i>PF: Special Risk AD&D/</i>		
Approved- 83500 BCL Certificate	Claim Rules	Initial	56.200
Closed 5094	Amendmen		83500 BCL 5094.PDF
05/03/2012	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		

Who is Eligible to Become Insured

FOR [EMPLOYEE] INSURANCE

You are eligible to become insured for [Employee] Insurance while:

- 1
- [You are a full-time Employee of the Employer; and
 - You are in a Covered Class; and
 - You are not on active duty in the armed forces of any country; and
 - You are under age <50-75>; and
 - You have completed the Employment Waiting Period, if any. You may need to work for the Employer for a continuous full-time period before you become eligible for the Coverage. The period must be agreed upon by the Employer and Prudential. Your Employer will inform you of any such Employment Waiting Period for your class.]

2

[You are full-time if you are regularly working for the Employer at least the number of hours in the Employer's normal full-time work week for your class, but not less than 30 hours per week. If you are a partner or proprietor of the Employer, that work must be in the conduct of the Employer's business.]

3

[Your class is determined by the Contract Holder. This will be done under its rules, on dates it sets. The Contract Holder must not discriminate among persons in like situations. You cannot belong to more than one class for insurance on each basis, Contributory or Non-contributory Insurance, under a Coverage. "Class" means Covered Class, Benefit Class or anything related to work, such as position or Earnings, which affects the insurance available.]

4

[This applies if you are an Employee of more than one subsidiary or affiliate of an Employer included under the Group Contract: For the insurance, you will be considered an Employee of only one of those subsidiaries or affiliates. Your service with the others will be treated as service with that one.]

The rules for obtaining [Employee] Insurance are in the When You Become Insured section.

5

[FOR DEPENDENTS INSURANCE

You are eligible to become insured for Dependents Insurance while:

- You are eligible for Employee Insurance; and
- You have a Qualified Dependent; and
- You are insured for the Term Life Coverage for Employees under the Group Contract.

5a

Qualified Dependents (Including Domestic Partners):

These are the persons for whom you may obtain Dependents Insurance:

- A person under age <50 – 75> who is your Spouse or Domestic Partner prior to their enrollment for Dependents Insurance.

Your Spouse means your lawful Spouse.

Your Domestic Partner is a person of the same or opposite sex who:

- (1) Satisfies the requirements for being a domestic partner, registered domestic partner or party to a civil union under the law of your jurisdiction of residence; or
- (2) Is a person of the same or opposite sex who satisfies all of the following:
 - (a) is age 18 or older; and
 - (b) is not related to you by blood or a degree of closeness that would prohibit marriage in the law of the jurisdiction in which you reside; and
 - (c) is mentally competent to consent to contract; and
 - (d) is not married to another person under statutory or common law nor in a domestic partnership, registered domestic partnership or civil union with another person; and
 - (e) is not otherwise a Qualified Dependent under the Program; and
 - (f) is in a single dedicated, serious and committed relationship with you; and
 - (g) has shared a single permanent residence with you for at least <3 – 24> consecutive months; and
 - (h) is financially interdependent with you.

Where requested by Prudential, you and/or your Domestic Partner certify that all of the above requirements are satisfied. Such certification shall be in a format satisfactory to Prudential.

Either a Spouse or a Domestic Partner may be a Qualified Dependent under the Program at any one time, but not both at the same time.

5b

- For Dependents Term Life Coverage, your unmarried children from <live birth – 6 months> to <18 – 29> years old.
- For accident Coverage, your unmarried children from live birth to <18 – 29> years old.

Your children include your legally adopted children, children placed with you for adoption prior to legal adoption, and each of your stepchildren, Domestic Partner's children, and foster children who depends on you for support and maintenance. A child placed with you for adoption prior to legal adoption is considered your Qualified Dependent from the date of placement for adoption, and is treated as though the child was your newborn child.

Exceptions:

5c

For Dependents Term Life Coverage:

- (1) The age <18 – 29> limit does not apply to a child who:
 - (a) wholly depends on you for support and maintenance; and
 - (b) is enrolled as a full-time student in a school; and
 - (c) is less than the Student Age Limit.

Student Age Limit: <19 – 29>.

(2) The age <18 – 29> limit does not apply to a child who:

- (a) is mentally or physically incapable of earning a living; and
- (b) was covered for dependents life coverage on the day prior to the date this Coverage became effective, under a group insurance contract issued to the Contract Holder.

5d

(3) Your Spouse, Domestic Partner, or child is not your Qualified Dependent while:

- (a) on active duty in the armed forces of any country; or
- (b) insured for life coverage under the Group Contract as an Employee; or
- (c) the Spouse, Domestic Partner, or child continues to have life insurance coverage under the Group Contract under a coverage continuation provision such as the Extended Death Benefit and Waiver of Premiums During Total Disability provision of the Employee Term Life Coverage.

5c

For accident Coverage:

(1) The age <18 – 29> limit does not apply to a child who:

- (a) wholly depends on you for support and maintenance; and
- (b) is enrolled as a full-time student in a school; and
- (c) is less than the Student Age Limit.

Student Age Limit: <19 – 29>.

(2) The age <18 – 29> limit does not apply to a child who:

- (a) is mentally or physically incapable of earning a living; and
- (b) was covered on the day prior to the date this Coverage became effective, under a group insurance contract issued to the Contract Holder providing accident coverage.

5d

(3) Your spouse, Domestic Partner, or child is not your Qualified Dependent while:

- (a) on active duty in the armed forces of any country; or
- (b) insured for accident coverage under the Group Contract as an Employee.

5d

A child will not be considered the Qualified Dependent of more than one Employee. If this would otherwise be the case, the child will be considered the Qualified Dependent of the Employee named in a written agreement of all such Employees filed with the Contract Holder. If there is no written agreement, the child will be considered the Qualified Dependent of:

- (1) the Employee who became insured under the Group Contract with respect to the child, while the child was a Qualified Dependent of only that Employee; and otherwise
- (2) the Employee who has the longest continuous service with the Employer, based on the Contract Holder's records.

The rules for obtaining Dependents Insurance are in the When You Become Insured section.]

When You Become Insured

FOR [EMPLOYEE] INSURANCE

6

[Your Employee Insurance under a Coverage will begin the first day on which:

- You have enrolled, if the Coverage is Contributory; and
- You are eligible for Employee Insurance; and
- You are in a Covered Class for that insurance; and
- You have met any evidence requirement for Employee Insurance; and
- Your insurance is not being delayed under the Delay of Effective Date Section below; and
- That Coverage is part of the Group Contract.

6a

For Contributory Insurance, you must enroll on a form approved by Prudential and agree to pay the required contributions. You may enroll for Contributory Insurance within <30 – 120> days of when you could first be covered, or within <30 – 120> days of a Life Event. The Contract Holder will tell you whether contributions are required and the amount of any contribution when you enroll.

At any time, the benefits for which you are insured are those for your class, unless otherwise stated.

The “Definitions” section explains what “Life Event” means.

6b

When evidence is required: In any of these situations, you must give evidence of insurability. This requirement will be met when Prudential decides the evidence is satisfactory.

- (1) For Contributory Insurance, you enroll more than <30 – 120> days after you could first be covered, or more than <30 – 120> days after a Life Event.
- (2) You enroll after any of your insurance under the Group Contract ends because you did not pay a required contribution.
- (3) You wish to become insured for life insurance and have an individual life insurance contract which you obtained by converting your insurance under a Coverage of the Group Contract.
- (4) You have not met a previous evidence requirement to become insured under any Prudential group contract for Employees of the Employer.]

7

[FOR DEPENDENTS INSURANCE

Your Dependents Insurance under a Coverage for a person will begin the first day on which all of these conditions are met:

- You have enrolled for the person for Dependents Insurance under the Coverage, if the Coverage is Contributory.
- The person is your Qualified Dependent.
- You are in a Covered Class for that insurance.

- You are insured for the Employee Insurance, if any, under that Coverage. To be insured for a Qualified Dependent under the Dependents Term Life Coverage, you must be insured under an Employee Term Life Coverage of the Group Contract. To be insured for a Qualified Dependent under the accident Coverage, you must be insured for Employee Insurance under the optional accident Coverage of the Group Contract.
- For Dependents Term Life Insurance, any evidence requirement for that Qualified Dependent has been met.
- Your insurance for that Qualified Dependent is not being delayed under the Delay of Effective Date section below.
- Dependents Insurance under that Coverage is part of the Group Contract.

7a

For Contributory Insurance, you must enroll your Qualified Dependent on a form approved by Prudential and agree to pay the required contributions. You may enroll for Contributory Dependents Insurance within <30 – 120> days of when you could first be covered, or within <30 – 120> days of a Life Event. The Contract Holder will tell you whether contributions are required and the amount of any contribution when you enroll your Qualified Dependent.

At any time, the Dependents Insurance benefits for which you are insured are those for your class, unless otherwise stated.

The “Definitions” section explains what “Life Events” means.

7b

When evidence is required for Dependents Term Life Insurance: In any of these situations, evidence of insurability must be given for a Qualified Dependent Spouse or Domestic Partner. This requirement will be met when Prudential decides the evidence is satisfactory. Evidence is not required for a Qualified Dependent child.

- (1) For Contributory Insurance, you enroll for Dependents Insurance under a Coverage more than <30 – 120> days after you are first eligible for Dependents Insurance, or more than <30 – 120> days after a Life Event.
- (2) You enroll for Dependents Insurance after any insurance under the Group Contract ends because you did not pay a required contribution.
- (3) The Qualified Dependent Spouse or Domestic Partner is a person for whom a previous requirement for evidence of insurability has not been met. The evidence was required for that person to become covered for an insurance, as a dependent or an Employee. That insurance is or was under any Prudential group contract for Employees of the Employer.

7c

Change in Family Status: It is important that you inform the Employer promptly when you first acquire or lose a Qualified Dependent. You should also inform the Employer if your Dependents Insurance status changes from one to another of these categories:

- No Qualified Dependents.
- Qualified Dependent Spouse or Domestic Partner only.
- Qualified Dependent Spouse or Domestic Partner and children.
- Qualified Dependent children only.

If you are insured under a Coverage for one or more children, you need not report additional children.

Forms are available for reporting these changes.]

[Delay of Effective Date

FOR EMPLOYEE INSURANCE

Your Employee Insurance under a Coverage will be delayed if you do not meet the Active Work Requirement on the day your insurance would otherwise begin. Instead it will begin on the first day you meet the Active Work Requirement and the other requirements for the insurance. The same delay rule will apply to any increase in your insurance that is subject to this section. If you do not meet the Active Work Requirement on the day that an increase would take effect, it will take effect on the day you meet that requirement.

FOR DEPENDENTS TERM LIFE COVERAGE

A Qualified Dependent may be confined for medical care or treatment, at home or elsewhere. If a Qualified Dependent is so confined on the day that your Dependents Insurance under a Coverage for that Qualified Dependent, or any increase in that insurance that is subject to this section, would take effect, it will not then take effect. The insurance or increase will take effect upon the Qualified Dependent's final medical release from all such confinement. The other requirements for the insurance or increase must also be met.

Newborn Child Exception: This section does not apply to a child of yours if the child is born to you and either:

- (1) is your first Qualified Dependent; or
- (2) becomes a Qualified Dependent while you are insured for Dependents Insurance under that Coverage for any other Qualified Dependent.

Also, this section does not apply to any age increase in the amount of insurance for a child under the Dependents Term Life Coverage.]

The Prudential Insurance Company of America

Explanation of Variable Language for

83500 BEL 5117

There are two types of variable material set forth in brackets within this form. These types are:

- A. Illustrative material; and
- B. Specific variable material.

Illustrative material consists of any entries such as names, amounts, times and ages which may be varied.

Ranges (e.g., of percentages, amounts, times) are shown for some illustrative material and are indicated by arrows on the forms. Actual entries will fall within the ranges, but may be revised as appropriate. For example, “30 days” may be changed to “1 month” or “365 days” may be changed to “1 year”.

Within the illustrative material, the term “you”, “person” or “Employee” may be replaced by the term “Member”, “Participant”, “Associate” or other appropriate term describing a member of the group insured.

The term “Dependent”, “Spouse” ”Domestic Partner” or “Child” may be deleted or modified to reflect only the applicable dependents.

The terms “Contract Holder”, “Employer” “Association” or the name of the Contract Holder, Employer or Association may be used interchangeably or may be replaced by other appropriate terms.

The term “full-time” may be replaced by the terms “full-time or part-time” or “part-time”.

Reference to the term “Contribution” may be replaced by the term “Premium” or “Premium payment”.

The coverage names may be referred to by other appropriate names, such as “Basic”, “Optional”, or “Voluntary” (e.g., Basic Employee Term Life Coverage).

The bracketed references will be appropriately modified to reflect grammatical form.

Specific variable material is noted by Marginal Notes. Specific variable material will be changed only as indicated in the Marginal Note explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

Marginal Notes

1. This item may be revised to reflect provisions for dependents if a dependents only certificate is to be issued. It may also be revised as follows:
 - One or more bullets may be deleted or revised as applicable to a Contract Holder's Plan.
 - Additional bullets may be added for eligibility criteria.
 - The references to full-time work may be deleted or revised to include references to part-time or may be replaced by part-time only.
 - The Employment Waiting Period item may be revised to specify the actual Employment Waiting Period, or to add the following to the item:

You may need to work for the Employer for a continuous full-time period before you become eligible for the Coverage. The period must be agreed upon by the Employer and Prudential. Your Employer will inform you of any such Employment Waiting Period for your class.
2. This item may be omitted. It may also be revised as follows:
 - to reflect the specific definition of "full-time" for a specific Contract Holder;
 - to add a definition of part-time; or
 - to replace the definition of full-time with a definition of part-time.
3. This item may be omitted, or the third sentence may be omitted. The definition of class may also be revised to show alternate requirements.
4. This item may be omitted. It may also be revised to detail eligibility requirements if the person is employed by more than one subsidiary or affiliate of the Contract Holder, or is employed by more than one Included Employer.
5. This item may be deleted if there is no dependents coverage or it may be revised as follows:
 - Alternate eligibility requirements may be shown.
 - The definition of Qualified Dependents may be revised to remove reference to domestic partners, to include only spouse, only child, both spouse, and child, or other dependents.
 - The dependent information may be split up based on coverage types to apply different rules for life and accident coverages.
- 5a. The references to domestic partners may be deleted, or the requirements may be revised to show alternate eligibility requirements where required or permitted by state law.

5b. Child eligibility may be revised as follows:

- It may be split based on coverage types or may be the same for all coverages.
- Ages and the rules for who is considered a Qualified Dependent may be revised.
- The paragraph referencing included children may be included as shown, deleted or revised to show alternate child eligibility.
- If child coverage continues beyond the limiting age an additional line may be added which details the time period.

5c. This item may be omitted in whole or in part or revised as follows:

- The reference to a specific coverage may be deleted or the name of the coverage may be revised.
- If the student age limit is unlimited, item (c) will be omitted.
- The ages may change.
- The full-time student requirement may be omitted or revised to show a specific number of credit hours, or part-time, etc.
- The dependency requirement may be omitted or revised to show alternate dependency rules such as residing in the Employee's home.
- If child coverage continues beyond the limiting age, an additional line may be added which details the time period.

5d. This item may be deleted in whole or in part.

6. This item may be changed to reflect provisions for dependents if a dependents only certificate is to be issued. It may also be revised as follows:

- The lead in paragraph may be expanded to include the date coverage will start and to indicate that coverage will not begin until enrollment is complete and Prudential approves the application. It may also reference that your Effective Date of Coverage is shown on the Specifications Page.
- One or more bullets may be deleted in whole or in part.
- The references to Contributions may be deleted if the Coverage is Non-Contributory or all Coverages are Contributory.
- The evidence requirement may be deleted or revised as follows, to indicate that evidence is required for all insurance.
 - You have met the Evidence Requirement for Employee Insurance.

6a. This item may be deleted in whole or in part or revised to remove references to Life

Events.

6b. This item may be deleted in whole or in part. It may also be revised as follows:

- The item may be replaced by one of the following:

Evidence Requirement: You will be required to provide evidence of insurability. This requirement will be met when Prudential decides the evidence is satisfactory.

Evidence Requirement: You will be required to provide evidence of insurability. This requirement will be met when Prudential decides the evidence is satisfactory.

This requirement does not apply to any amount of Coverage for which you were insured under another group contract providing term life coverage for Employees of the ABC Company on the day prior to the Program Date.

- The references to Contributions may be deleted if the Coverage is Non-Contributory.
- The case specific limits which determine the need for evidence may be included.

7. This item may be deleted if there is no dependents coverage. It may also be revised as follows:

- The lead in paragraph may be expanded to include the date coverage will start and to indicate that coverage will not begin until enrollment is complete and Prudential approves the application. It may also reference that your Effective Date of Coverage is shown on the Specifications Page
- One or more bullets may be deleted in whole or in part.
- Bullets may be added or revised to include additional eligibility criteria.
- The references to Contributions may be deleted if the Coverage is Non-Contributory.
- If Dependents Term Life Insurance is not included, bullets referring to this coverage will be deleted.
- If Employee Coverage is not required for dependents coverage, references to this will be deleted.
- The evidence requirement may be deleted or revised as follows to indicate that evidence is required:
 - For Dependents Term Life Insurance, you have met the Evidence Requirement for your Spouse or Domestic Partner.

7a. This item may be deleted in whole or in part or revised to remove references to Life

Events.

7b. This item may be deleted in whole or in part or revised as follows:

- The wording may be replaced by one of the following:

Evidence Requirement: You will be required to provide evidence of insurability for your Qualified Dependents. This requirement will be met when Prudential decides the evidence is satisfactory.

Evidence Requirement: You will be required to provide evidence of insurability. This requirement will be met when Prudential decides the evidence is satisfactory.

This requirement does not apply to any amount of insurance for which you were insured under another group contract providing dependents term life coverage for dependents of Employees of the Employer on the day prior to the Program Date

- The references to Contributions may be deleted if the Coverage is Non-Contributory.
- The case specific limits which determine the need for evidence may be included.
- The sentence regarding evidence for a Qualified Dependent Child may be deleted.

7c. This item may be deleted in whole or in part or categories may be modified.

8. This item may be deleted in whole or in part. It may also be revised to:

- Reflect a delay for increases only.
- Replace the Employee wording to include a delay for medical confinement as an alternate or in addition to an active work requirement.
- If there is no child coverage the Newborn Child Exception will be deleted.

1

[Voluntary Accidental Death and Dismemberment] Coverage [#1]

[FOR YOU AND YOUR DEPENDENTS]

2

This Coverage pays benefits for accidental Loss [which results from a Covered Accident].

3

[Covered Accident means an accident which happens:

- (1) to you while you are engaged in or the victim of a Hazard described in the Hazard provisions; or
- (2) to your Qualified Dependent for whom you are insured for Dependents Insurance and who is engaged in or the victim of a Hazard described in the Hazard provisions.]

A. DEFINITIONS OF LOSS.

Loss means [the person's:

4

- (1)] loss of life[;
- (2) total and permanent Loss of Sight;
- (3) total and permanent Loss of Speech;
- (4) total and permanent Loss of Hearing;
- (5) permanent loss of arm or leg by severance at or above the elbow or the knee;
- (6) permanent loss of hand or foot by severance at or above the wrist or ankle;
- (7) permanent loss of thumb and index finger of the same hand or permanent loss of four fingers on the same hand by severance at or above the point at which they are attached to the hand;
- (8) permanent loss of all toes on the same foot or the big toe by severance at or above the point at which they are attached to the foot;
- (9) loss due to Critical Burns covering <25% - 99%> or more of the body;
- (10) Loss of Use of a hand, foot, arm or leg;
- (11) loss due to Quadriplegia, Triplegia, Paraplegia, Hemiplegia, or Uniplegia;
- (12) loss due to Coma;
- (13) loss due to Brain Damage; or
- (14) Total and Permanent Disability.]

5

[Loss of Sight means total and permanent loss of sight. Corrected visual acuity must be 20/200 or worse or the field of vision must be less than 20 degrees.

Loss of Speech means total and permanent loss of speech that continues for at least <6-12> consecutive months following the Covered Accident.

Loss of Hearing means a hearing loss of greater than 70 decibels at all frequencies or there is less than 50% speech discrimination at 70 decibels on an audiogram.

Critical Burns means burns that are classified by a Doctor as being second degree or higher over <25%-99%> of the person's body.

Loss of Use means total and permanent loss of function.

Quadriplegia means the total and permanent paralysis of both upper and both lower limbs.

Triplesia means the total and permanent paralysis of three limbs.

Paraplegia means the total and permanent paralysis of both lower limbs.

Hemiplegia means the total and permanent paralysis of the upper and lower limbs on one side of the body.

Uniplegia means the total and permanent paralysis of one limb.

Coma means a persistent vegetative state in which there is no response to external stimuli as determined by the person's Doctor.

Brain Damage means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and Activities of Daily Living. Activities of Daily Living means:

- Bathing - washing oneself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower;
- Toileting/Continence – getting to and from the toilet, getting on and off the toilet and performing associated personal hygiene; the ability to maintain control of bowel and bladder function or, when unable to maintain control of bowel and bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag);
- Dressing - putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs;
- Eating - feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously;
- Transferring - sufficient mobility to move into or out of a bed, chair or wheelchair or to move from place to place, either by walking, using a wheelchair or by other means.

Total and Permanent Disability means that a person meets conditions (1) and (2) below:

- (1) The person is not working at any job for wage or profit; and
- (2) Due solely to accidental bodily Injury:
 - (a) The person is not able to perform, for wage or profit, the material and substantial duties of that person's occupation; and

- (b) beyond <6-12> months after the person sustains the accidental bodily Injury, the person is not able to perform, for wage or profit, the material and substantial duties of any job for which the person is reasonably fitted by the person's education, training or experience.

These conditions must be met for the rest of the person's lifetime.]

B. BENEFITS.

Benefits for accidental Loss are payable only if all of these conditions are met:

- (1) [The person] sustain[s] an accidental bodily Injury while a Covered Person.
- (2) The Loss results directly from that Injury and from no other cause.

2

- [(3) The Loss is due to a Covered Accident.]

- (4) [The person] suffer[s] the Loss within [<30-365> days after the Covered Accident]. [But, if the Loss is due to:

4

- (a) Quadriplegia, Triplegia, Paraplegia, Hemiplegia, or Uniplegia, the person suffers the Loss within <30-365> days after the Covered Accident.

- (b) Coma, that Loss:

- (i) begins within <30-365> days after the Covered Accident;
- (ii) continues for <one-twelve> consecutive months; and
- (iii) is total, continuous and permanent at the end of that <one-twelve> month period.

Any benefit for a Loss due to Coma will not begin until the end of the <one-twelve>-month period in (ii) above.

- (c) Brain Damage, that Loss:

- (i) begins within <30-365> days after the Covered Accident;
- (ii) requires a Hospital Inpatient Stay of more than <1-60> consecutive days within <30-365> days after the Covered Accident; and
- (iii) continues for <one-twelve> consecutive months.

Any benefit for a Loss due to Brain Damage will not begin until the end of the <one-twelve>-month period in (iii) above.

- (d) Total and Permanent Disability, that Loss:

- (i) begins within <30-365> days after the Covered Accident;
- (ii) continues for <one-twelve> consecutive months; and
- (iii) is total, continuous and permanent at the end of that <one-twelve> month period.

Any benefit for a Loss due to Total and Permanent Disability will not begin until the end of the <one-twelve>-month period in (ii) above.]

2

[For the purposes of the Coverage:

- (1) Exposure to the Elements will be considered an accidental bodily Injury. Exposure to the Elements means exposure to severe hot or cold weather that results in actual significant physical injury including sun stroke, heat stroke and frostbite.
- (2) It will be presumed that the person has suffered a Loss of life if the person's body has not been found within one year of disappearance, stranding, sinking or wrecking of any vehicle in which the person was an occupant.]

Not all such Losses are covered. See Losses Not Covered below.

6

Benefit Amount Payable: [The amount payable depends on the type of Loss as shown below. All benefits are subject to the Limits below. If a limb or appendage is Surgically Replanted the amount payable will be <25 -50%> of the amount which would have been paid for a Loss of such limb or appendage. If the Surgical Replantation fails to provide the person with adequate use of the limb or appendage, the Amount of Insurance for the Loss will be paid, less any amount paid for the Surgical Replantation. Surgical Replantation means the surgical reattachment of an arm, leg, hand, foot, finger, or toe that has been severed from a person's body.

Percent of the Person's
Amount of Insurance

Loss of or by Reason of:

Life	<100-200>
Sight of Both Eyes	<100-200>
Speech and Hearing in Both Ears	<100-200>
Both Hands	<100-200>
Both Feet	<100-200>
One Hand and One Foot	<100-200>
One Hand and Sight of One Eye	<100-200>
One Foot and Sight of One Eye	<100-200>
Quadriplegia	<100-200>
Critical Burns covering <50% - 99%> or more of the body	<100-200>
Triplegia	<75-200>
One Arm.....	<50-200>
One Leg	<50-200>
Paraplegia.....	<50-200>
Sight of One Eye.....	<50-100>
Speech	<50-100>
Hearing in Both Ears.....	<50-100>
One Hand.....	<50-100>
One Foot.....	<50-100>
Hemiplegia	<50-100>
Critical Burns covering <25% - 75%> of the body.....	<50-100>
Uniplegia	<25-100>
Thumb and Index Finger of the Same Hand (permanent loss)	<25-50>

Four Fingers of the Same Hand (permanent loss)<25-50>
Hearing in One Ear<25-50>

All Toes on One Foot (permanent loss).....<13-26>

Big Toe (permanent loss).....<5-25>

Loss of Use<25-100>

Comathe lesser of <1%-5%> per month and <\$100-\$5,000>,
..... up to <11-100> months; after <11 -100> months a lump
.....sum equal to 100% of the Amount of Insurance
.....minus the amount already paid for Coma

Brain Damagethe lesser of <1%-5%> per month and <\$100-\$5,000>,
..... up to <11-100> months; after <11 -100> months a lump
.....sum equal to 100% of the Amount of Insurance
..... minus the amount already paid for Brain Damage

Total and Permanent Disability <1%-5%> per month,
.....up to <11-100> months]

2

[Limits:]

7

[Limits Per Covered Accident:

- (1) No more than the Amount of Insurance on a person at the time of the Covered Accident will be paid for all Losses resulting from Injuries sustained in that accident.
- (2) Benefits for accidental Loss which results from a Covered Accident will be paid only once, even if more than one Hazard provision applies.]

8

[Aggregate Limit(s): If, as a result of one accident, the total amount of benefits payable for all Covered Persons under all accident Coverages of the Group Contract is more than the applicable Aggregate Limit, the benefit amount payable for a specific Covered Person's Loss will be determined as a proportionate share of that Limit.

The Aggregate Limit(s) are shown in the Schedule of Benefits.]

C. LOSSES NOT COVERED.

A Loss is not covered if it results from any of these:

2

[(1) Suicide or attempted suicide, while sane or insane.]

2

[(2) Intentionally self-inflicted Injuries, or any attempt to inflict such Injuries.]

2

[(3) Sickness, whether the Loss results directly or indirectly from the Sickness.]

9

[(4) Medical or surgical treatment of Sickness, whether the Loss results directly or indirectly from the treatment.

(5) Any bacterial or viral infection. But, this does not include:

(a) a pyogenic infection resulting from an accidental cut or wound; or

- (b) a bacterial infection resulting from accidental ingestion of a contaminated substance.
- (6) Taking part in any riot or insurrection.
- (7) War, or any act of war, except as provided by the War Risk Hazard provision. War means declared or undeclared war, and includes resistance to armed aggression. Terrorism is not considered an act of war.

Terrorism means the deliberate use of violence or the threat of violence against civilians to create an emotional response through the suffering of victims or to achieve military, political, religious or social objectives.

- (8) An accident that occurs while the person is serving on full-time active duty for more than <30-365> days in any armed forces. But this does not include Reserve or National Guard active duty for training.
- (9) Travel or flight in any vehicle used for aerial navigation, except as provided by any Hazard provision, if:
 - (a) the person is riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 - (b) the person is performing as a pilot or a crew member of any aircraft; or
 - (c) the person is riding as a passenger in an aircraft owned, operated, controlled or leased by or on behalf of the Contract Holder or any of its subsidiaries or affiliates.

This includes getting in, out, on or off any such vehicle.

- (10) Commission of or attempt to commit an assault or a felony.
- (11) Being under the influence of alcohol or alcohol intoxication, including but not limited to having a blood alcohol level above the limit for permissible operation of a motor vehicle in the jurisdiction where the Loss occurred, regardless of whether the person: (a) was operating a motor vehicle; and (b) was convicted of an alcohol related offense.
- (12) Being under the influence of or taking any non-prescription drug, medication, narcotic, stimulant, hallucinogen, barbiturate, amphetamine, gas, fumes or inhalants, poison or any other controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by and administered in accordance with the advice of the insured's Doctor.
- (13) Participation in these hazardous sports: scuba diving; bungee jumping; base jumping; skydiving; ziplining; parachuting; hang gliding; paragliding; paramotoring; parascending; or ballooning.
- (14) Injury arising out of, or in the course of, any work for wages or profit (whether or not with the Employer), except as provided by any Hazard provision.]

The Claim Rules apply to the payment of the benefits.

The Prudential Insurance Company of America

Explanation of Variable Language for

83500 ADD R 5107

There are two types of variable material set forth in brackets within this form. These types are:

- A. Illustrative material; and
- B. Specific variable material.

Illustrative material consists of any entries such as numbers, percentages, classes eligible, waiting periods, weekly or monthly benefits, maximum periods of benefits, amounts, and times which may be varied.

Ranges (e.g., percentages, amounts, times) are shown for some illustrative material and are indicated by arrows on the forms. Actual entries will always fall within the ranges, but may be revised as appropriate. For example, “30 days” may be changed to “1 month” or “365 days” may be changed to “1 year”.

The terms “Contract Holder” and “Employer” may be used interchangeably or may be replaced by other appropriate terms.

The term “you”, “person” or “Employee” may be replaced by the term “Member”, “Participant”, “Associate” or other appropriate term describing a member of the group insured. A term such as “Employee” may also be added in front of any coverage name, such as “Employee Voluntary Accidental Death and Dismemberment.”

The term “Dependent” may be omitted or modified to reflect only the applicable dependents and references such as “You and Your Dependents” may be modified to reflect how the coverage may be issued, such as employee only; spouse, domestic partner and children; spouse and domestic partner only; children only; other dependents.

The term “Covered Accident” may be replaced by “accident”, where appropriate.

The coverage names may be referred to by other appropriate names, such as “Basic”, “Optional”, or “Supplemental”.

Whenever a definition appears in a Coverage form, it may be deleted and appear in the Definitions section instead. Similarly, any of the items appearing in the Definitions section may be moved to other forms.

Whenever a reference to a Schedule of Benefits item appears in a Coverage form, the actual Schedule of Benefits item may be substituted.

The bracketed references will be appropriately modified to reflect grammatical form.

Specific variable material is noted by Marginal Notes. Specific variable material will be changed only as indicated in the Marginal Note explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

Marginal Notes

1. The title may be modified. For example, it may be modified to:
 - reflect death only coverage; or
 - delete “Voluntary”; or
 - delete “Voluntary” and then add another descriptive term such as “Optional”, “Supplemental”, or “Additional Provisions for” or
 - reflect Business Travel Accident Coverage.
2. This item may be deleted.
3. This item may be deleted in whole or in part, or may be revised to reference the applicable Hazard(s).
4. This item may be deleted in whole or in part, additional losses may be added, and this item may be altered to reflect the losses mutually agreed upon by Prudential and the Contract Holder.
5. This item may be deleted in whole or in part, or the defined terms may be altered to reflect the losses mutually agreed upon by Prudential and the Contract Holder.
6. This item may be deleted in whole or part, additional losses may be added, and this item may be altered to reflect the losses mutually agreed upon by Prudential and the Contract Holder. In addition all amounts may be increased or decreased as mutually agreed upon by Prudential and the Contract Holder. Amounts for Coma and Brain Damage may be a flat percentage < 25% - 100% > of the amount of insurance in place of the monthly percentage.
7. This item may be deleted in whole or part or revised to reflect another limit, such as:
 - No more than the Amount of Insurance on a person will be paid for all Losses resulting from Injuries sustained in one or more Covered Accidents.
 - Only one amount, the largest, on a person at the time of the Covered Accident will be paid for all Losses resulting from Injuries sustained in that accident.

- Only one amount, the largest, on a person will be paid for all Losses resulting from Injuries sustained in one or more Covered Accidents.
8. This item may be deleted in whole or part, or revised to reference the specific coverage(s) or the specific Aggregate Limit(s).
 9. This item may be deleted in whole or part, or revised to reflect the losses not covered that are mutually agreed upon by Prudential and the Contract Holder. For example:
 - The war item may be revised to be waived if employment requires travel to specific areas, such as areas other than the Continental United States.
 - The air travel item may be revised to not cover flight or travel in certain types of aircraft or in aircraft used for certain types of activities, such as firefighting, exploration, pipe or powerline work or aerial photography.
 - The felony item may reference common law felony, defined to include crimes such as robbery, rape, arson, murder, kidnapping or burglary.
 - The intoxication item may reference alcohol, specific drugs, poisons or gases that are voluntarily taken, or the intoxication laws of the state where the accident occurs, or it may apply to injuries sustained while operating an air, land or water vehicle.

1 Additional Benefits under [Voluntary Accidental Death and Dismemberment] Coverage [#1]

[FOR YOU AND YOUR DEPENDENTS]

A. ADDITIONAL BENEFITS RELATED TO LOSSES.

If a benefit is payable under the Coverage for a Loss an additional benefit may be payable. Any such benefit is payable in addition to any other benefit payable under this Coverage. The additional amount payable for each additional benefit and any additional conditions that apply to an additional benefit are shown below. An additional benefit is payable only if those conditions are met.

2 (1) [Additional Benefit for Loss of Life as a Result of a Non-occupational Vehicle Accident:

2a

 This additional benefit for the person's Loss of life only applies if the person sustains an accidental bodily Injury resulting in the Loss in one of these ways:

- (a) while a driver or passenger of an Automobile not being used by the person for commercial or occupational purposes;
- (b) as a result of being struck by a motor vehicle while the person is not driving or riding in or on one; or
- (c) while a passenger in or on a public vehicle provided by a common carrier for passenger service.

Losses Not Covered under this Additional Benefit: A Loss is not covered under this additional benefit if it results from driving or riding in any Automobile used in a race or a speed or endurance test, or for acrobatic or stunt driving, or for any illegal purpose.

Additional Amount Payable under this Additional Benefit: An amount equal to <1%-100%> of the Amount of Insurance on the person.

(2) Additional Benefit for Loss of Life as a Result of an Accident in an Automobile While Using a Seat Belt:

This additional benefit for the person's Loss of life only applies if the person sustains an accidental bodily Injury resulting in the Loss while:

- (a) the person is a driver or passenger in an Automobile;
- (b) the person is wearing a Seat Belt in the manner prescribed by the vehicle's manufacturer;
- (c) the actual use of a Seat Belt at the time of the Injury is verified in an official report of the accident, or is certified in writing by the investigating official(s).

Losses Not Covered under this Additional Benefit: A Loss is not covered under this additional benefit if it results from driving or riding in any Automobile used in a race or a speed or endurance test, for acrobatic or stunt driving, or for any illegal purpose.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) <1%-100%> of the Amount of Insurance on the person; and
- (b) <\$1,000-\$100,000>.

If it cannot be determined that the person was wearing a Seat Belt at the time of the Accident, a benefit of <\$500-\$5,000> will be paid.

(3) **Additional Benefit for Loss of Life as a Result of an Accident in an Automobile Equipped with an Airbag:**

This additional benefit for the person's Loss of life only applies if this test is met.

The person sustains an accidental bodily Injury resulting in the Loss while:

- (a) the person is a driver or passenger in an Automobile;
- (b) the person is wearing a Seat Belt in the manner prescribed by the vehicle's manufacturer;
- (c) the actual use of a Seat Belt at the time of the Injury is verified in an official report of the accident, or is certified in writing by the investigating official(s);
- (d) the Automobile is equipped with a factory-installed Air Bag; and
- (e) a properly functioning Air Bag was deployed for the seat that the person occupied.]

Losses Not Covered under this Additional Benefit: A Loss is not covered under this additional benefit if it results from driving or riding in any Automobile used in a race or a speed or endurance test, for acrobatic or stunt driving, or for any illegal purpose.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) <1%-100%> of the Amount of Insurance on the person; and
- (b) <\$1,000-\$100,000>.

(4) **Additional Benefit for Tuition Reimbursement for Your Dependent Spouse or Domestic Partner:**

This additional benefit for Tuition reimbursement for your dependent Spouse or Domestic Partner only applies if you suffer a Loss of life.

This additional benefit is payable for the person who:

- (a) is your Spouse or Domestic Partner on the date of your death; and
- (b) enrolls in any professional or trades program within <1-36> months after the date of your death for the purposes of obtaining an independent source of support or enriching that Spouse's or Domestic Partner's ability to earn a living.

Proof of enrollment must be given to Prudential.

Additional Amount Payable under this Additional Benefit: An amount equal to the least of:

- (a) the actual Tuition charged for the program;
- (b) <1%-50%> of your Amount of Insurance; and
- (c) <\$1,000-\$50,000>.

This benefit is payable annually for up to <1-6> consecutive years.

If there is no dependent Spouse or Domestic Partner eligible for this benefit, a benefit of <\$500-\$5,000> will be paid.

(5) Additional Benefit for Tuition Reimbursement for Your Dependent Child:

This additional benefit for Tuition reimbursement for your dependent child only applies once. It applies if either: (a) you suffer a Loss of life; or (b) your Qualified Dependent Spouse or Domestic Partner suffers a Loss of life. Date of death, as used below, refers to your or your Spouse's or Domestic Partner's date of death depending upon whose Loss of life this additional benefit is payable.

This additional benefit is payable for each dependent child less than age <21-30> who:

- (a) wholly depends on you for support and maintenance on the date of death; and
- (b) is enrolled as a full-time student in a School on the date of death; or
- (c) is at the 12th grade level and becomes a full-time student in a School within <30-365> days after that date.

Proof of enrollment must be given to Prudential.

Additional Annual Amount Payable under this Additional Benefit: An amount equal to the least of:

- (a) the actual annual Tuition, exclusive of room and board, books and fees, charged by the School;
- (b) <1%-50%> of the Amount of Insurance on the person; and
- (c) <\$1,000-\$50,000>.

This benefit is payable annually for up to <1-6> consecutive years, but not beyond the date the child reaches age <21-30>.

If there is no dependent child eligible for this benefit, a benefit of <\$500 - \$5,000> will be paid.

(6) Additional Benefit for Child Care Expenses for Your Dependent Child:

This additional benefit for child care expenses for your dependent child only applies once. It applies if either: (a) you suffer a Loss of life; or (b) your Qualified Dependent Spouse or Domestic Partner suffers a Loss of life. Date of death, as used below, refers to your or your Spouse's or Domestic Partner's date of death depending upon whose Loss of life this additional benefit is payable.

This additional benefit is payable for each dependent child less than age <7-13> who:

- (a) is your child who wholly depends on you for support and maintenance on the date of death; and
- (b) is enrolled at a Child Care Center on the date of death; or
- (c) becomes enrolled at a Child Care Center within <30-365> days after the date of death.

Proof of enrollment must be given to Prudential.

Additional Annual Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) the actual cost charged by such Child Care Center per year;
- (b) <1%-10%> of the Amount of Insurance on the person; and
- (c) <\$1,000-\$25,000>.

This benefit is payable annually for up to <1-6> consecutive years, but not beyond the date the child reaches age <7-13>.

(7) Additional Benefit for Parental Care:

This additional benefit for parental care only applies if you suffer a Loss of life.

This additional benefit is payable for each of your or your dependent Spouse's or Domestic Partner's parents or grandparents, who was or will be claimed as a dependent on your Federal Income Tax return for the Calendar Year before or during which you suffer the Loss of life; and:

- (a) is dependent on you for more than 50% of the cost of: (i) residing in a nursing care facility; (ii) home health care; or (iii) enrollment in a day care program; or
- (b) resides in your home.

Proof of dependency must be given to Prudential.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) <1%-10%> of your Amount of Insurance; and
- (b) <\$1,000-\$50,000>.

(8) Additional Benefit for Hearing Aids and Prosthetic Devices:

This additional benefit for hearing aids and prosthetic devices only applies if the person suffers a Loss that requires the person to use a hearing aid or a Prosthetic Device. It is payable if:

- (a) the hearing aid was obtained within one year of the accident that results in the Loss and was prescribed by a Doctor; or
- (b) the Prosthetic Device was obtained within one year of the Loss and was prescribed by a Doctor.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) the actual cost to the person for the hearing aid or the Prosthetic Device;

- (b) <1%-10%> of the Amount of Insurance on the person; and
- (c) <\$1,000-\$25,000>.

2b

(9) **Additional Benefit for Return of Remains:**

This additional benefit for return of remains only applies if the person suffers a Loss of life and such Loss occurs outside a <50-500>-mile radius of the person's home. It is payable for Return of Remains Expenses incurred to return the person's body home to their country of residence.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) the amount of Return of Remains Expenses; and
- (b) <\$1,000-\$10,000>.

2c

(10) **Additional Benefit for Loss as a Result of Felonious Assault:**

This additional benefit only applies if you suffer a Loss that is the result of a Felonious Assault which occurs:

- (a) because of your employment; and
- (b) while you are Working for Your Employer or on an Authorized Business Trip.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) <1%-25%> of the Amount of Insurance on the person; and
- (b) <\$1,000-\$100,000>.

(11) **Additional Benefit for Your Spouse's or Domestic Partner's Loss of Life as a Result of a Common Accident:**

This additional benefit for your Spouse's or Domestic Partner's Loss of life only applies if all of these tests are met:

- (a) Your Qualified Dependent Spouse or Domestic Partner is insured for Dependents Insurance under the Coverage on the date of the accident that results in your Spouse's or Domestic Partner's Loss of life.
- (b) You and your Spouse or Domestic Partner both suffer a Loss of life as a result of the same accident or separate accidents that occur within <24-48> hours of each other.
- (c) You have a surviving Qualified Dependent child on the date(s) of the accident(s).

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) the difference between:
 - (i) the Amount of Insurance payable under the Coverage for your Loss of life; and
 - (ii) the Amount of Insurance payable under the Coverage for your Spouse's or Domestic Partner's Loss of life; and
- (b) <\$25,000-\$1,000,000>.

(12) **Additional Benefit for Your Child's Loss:**

This additional benefit for a Qualified Dependent child's Loss only applies if both of these tests are met:

- (a) That Loss is not a Loss of life.
- (b) That child is insured for Dependents Insurance under the Coverage on the date of the accident that results in that Loss.

This benefit is not payable if the child dies within <30-365> days of the accident.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) the amount payable for that child's Loss; and
- (b) <\$1,000-\$100,000>.

But, if the child sustains more than one Loss from the same accident, the amount will be equal to <100%-400%> of the amount payable for the one largest amount payable as a result of the child's Loss.

(13) **Additional Benefit During Critical Period After Your or Your Spouse's or Domestic Partner's Loss of Life:**

This additional benefit only applies if either: (a) you suffer a Loss of life; or (b) your Qualified Dependent Spouse or Domestic Partner suffers a Loss of life. If you suffer a Loss of Life, it is payable during the Critical Period following your death. If your Spouse or Domestic Partner suffers a Loss of life, it is payable during the Critical Period following your Spouse's or Domestic Partner's death.

This benefit is only payable if these tests are met:

- (a) On the date of your or your Spouse's or Domestic Partner's Loss of life, your Spouse or Domestic Partner is insured for Dependents Insurance under the Coverage.
- (b) The person who suffers the Loss has a surviving Spouse or Domestic Partner or surviving dependent child on the date of death.

Additional Monthly Amount Payable under this Additional Benefit: An amount equal to <1/2%-5%> of the Amount of Insurance on the person for each of the <6-36> months immediately following the person's death.

(14) **Additional Benefit for Bereavement and Trauma Counseling:**

This additional benefit only applies if the person requires Bereavement and Trauma Counseling Sessions because you, your Qualified Dependent Spouse or Domestic Partner or your Qualified Dependent child suffer a Loss. It is payable for Bereavement and Trauma Counseling Sessions that are held within one year after the date of the accident causing the Loss.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) the actual cost charged for counseling sessions; and
- (b) <\$50-\$150>.

This benefit is payable for up to <1-50> sessions per person.

(15) Additional Benefit for Emergency or Disaster Response Team Member:

This additional benefit only applies if you suffer a Loss that results from an accident (including while riding in, getting into or out of an ambulance, airplane or helicopter) that occurs:

- (a) while you are a participating member of the Contract Holder's emergency or disaster response team;
- (b) while you are responding to a bona fide emergency or disaster as determined by the Contract Holder; and
- (c) while you are Working for Your Employer.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) <1%-10%> of your Amount of Insurance; and
- (b) <\$1,000-\$100,000>.

(16) Additional Benefit for Loss as a Result of Natural Disaster:

This additional benefit only applies if the person suffers a Loss that is the result of a Natural Disaster.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) <1%-10%> of the Amount of Insurance on the person; and
- (b) <\$1,000-\$100,000>.

(17) Additional Benefit for Loss as a Result of Carjacking:

This additional benefit only applies if the person suffers a Loss that is the result of a Carjacking of an Automobile in which the person is driving or riding.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) <1%-10%> of the Amount of Insurance on the person; and
- (b) <\$1,000-\$100,000>.

(18) Additional Benefit for Home Alteration and Vehicle Modification Expenses:

This additional benefit for Home Alteration and Vehicle Modification Expenses only applies once during a person's lifetime. It applies if the person suffers a Loss that requires home alteration or vehicle modification.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) the actual cost charged for the alteration or modification;
- (b) <1%-10%> of the Amount of Insurance on the person; and
- (c) <\$1,000-\$100,000>.

(19) Additional Benefit for Medical Evacuation Expense:

This additional benefit for medical evacuation only applies to the person's Loss if both of these tests are met:

- (a) A Doctor determines that the severity of the person's accidental bodily Injury requires medical evacuation.
- (b) The person is at least <50-100> miles from the person's permanent residence.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) <1%-25%> of the Amount of Insurance on the person; and
- (b) <\$1,000-\$500,000>.

(20) Additional Benefit for Medical Expenses:

This additional benefit for Medical Expenses only applies once during a person's lifetime. It only applies if a person sustains an accidental bodily Injury that results in a Loss that:

- (a) causes the person to seek medical treatment within 24 hours of the date of the accident; and
- (b) results in Medical Expenses within <30-365> days of the accident.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) <1%-25%> of the Amount of Insurance on the person; and
- (b) <\$1,000-\$100,000>.

(21) Additional Benefit for Monthly Medical Premium:

This additional benefit for monthly medical premium only applies if all of these tests are met:

- (a) You suffer an accidental bodily Injury that results in a Loss within <30-365> days of an accident.
- (b) The accidental bodily Injury:
 - (i) results in your having to take a leave of absence from your job with your Employer; or
 - (ii) ends your employment with your Employer.
- (c) You choose to continue membership in your Employer's medical plan beyond the time that it would otherwise end.

Additional Monthly Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) <1%-5%> of your Amount of Insurance; and
- (b) <\$100-\$500>.

This benefit will be paid monthly until the first of these occurs:

- (a) Your continued membership in your Employer's medical plan ends.
- (b) You become covered under any other group medical plan.
- (c) The benefit has been paid for <1-36> consecutive months.

Proof of enrollment in the Employer's medical plan and of continued medical premium contribution must be given to Prudential.

(22) Additional Benefit for Monthly Medical Premium for your Dependent Spouse, Domestic Partner or Dependent Child:

This additional benefit for monthly medical premium for your Qualified Dependent Spouse, Domestic Partner or Qualified Dependent child only applies if you suffer a Loss of life.

This additional benefit for monthly medical premiums is payable for your Qualified Dependent Spouse, Domestic Partner or child who:

- (a) is insured for Dependents Insurance under the Coverage on the date of your death; and
- (b) elects to continue membership in your Employer's medical plan.

Additional Monthly Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) <1%-10%> of your Amount of Insurance; and
- (b) <\$100-\$500>.

The benefit will be paid monthly until the first of these occurs:

- (a) Your Spouse's, Domestic Partner's or child's continued membership in your Employer's medical plan ends.
- (b) Your Spouse, Domestic Partner or child becomes covered under any other group medical plan.
- (c) The benefit has been paid for <1-36> consecutive months.

Proof of enrollment in the Employer's medical plan and of continued medical premium contribution must be given to Prudential.

(23) Additional Benefit for Monthly Mortgage Payment:

This additional benefit for monthly Mortgage payment only applies if all of these tests are met:

- (a) You suffer an accidental bodily Injury that results in a Loss of life within <30-365> days of an accident.
- (b) You have a surviving Spouse or Domestic Partner at the time of your death.
- (c) Your surviving Spouse or Domestic Partner is a co-borrower on your Mortgage.
- (d) You have an outstanding balance on your Mortgage at the time of your death.

Your surviving Spouse or Domestic Partner must give Prudential your Mortgage loan number, along with the name and telephone number of your Mortgage company.

Additional Monthly Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) The amount of your monthly Mortgage payment; and
- (b) <\$100-\$5,000>.

This benefit will be paid monthly until the first of these occurs:

- (a) Your Spouse or Domestic Partner dies.
- (b) Your Mortgage is paid in full.
- (c) Your house is sold.
- (d) The benefit has been paid for <6-36> consecutive months.

Proof of the amount of the monthly mortgage payment must be given to Prudential.

(24) Additional Benefit for Monthly Rehabilitation Expense:

2e

This additional benefit for Rehabilitation Expense only applies if both of these tests are met:

- (a) The person suffers an accidental bodily Injury that results in a Loss within <30-365> days of an accident.
- (b) A Doctor determines that rehabilitation is necessary to aid the person in returning to the normal activities of a person of the same age and gender.

Additional Monthly Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) <1%-10%> of the Amount of Insurance on the person; and
- (b) <\$100-\$500>.

This benefit will be paid monthly until the first of these occurs:

- (a) A Doctor determines that the person no longer needs rehabilitation.
- (b) The person fails to furnish any required proof of the person's continuing need for rehabilitation.
- (c) The person fails to submit to a medical exam by Doctors named by Prudential, at Prudential's expense, when and as often as Prudential requires.
- (d) The benefit has been paid for <6-36> consecutive months.

(25) Additional Benefit for Funeral Expenses:

This additional benefit for Funeral Expenses only applies if the person suffers an accidental bodily Injury that results in a Loss of life within <30-365> days of an accident.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) the amount of the Funeral Expenses;
- (b) <1%-10%> of the Amount of Insurance on the person; and
- (c) <\$1,000-\$10,000>.

(26) Additional Benefit for Loss of Life as a Result of an Accident Involving a Common Carrier:

This additional benefit for the person's Loss of life is payable only if the person sustains an accidental bodily Injury resulting in the Loss while the person is boarding, leaving, or riding as a passenger on a common carrier, or as a result of being struck by a common carrier.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) <10%-1,000%> of the Amount of Insurance on the person; and
- (b) <\$10,000-\$1,000,000>.

(27) Additional Benefit for Loss While on Business Travel:

This additional benefit only applies if you suffer a Loss that results from an accident that occurs while you are on an Authorized Business Trip.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) <1%-200%> of the Amount of Insurance; and
- (b) <\$1,000-\$1,000,000>.

(28) Additional Benefit for Loss While Working for Your Employer:

This additional benefit only applies if you suffer a Loss that results from an accident that occurs while you are Working for Your Employer.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) <1%-200%> of the Amount of Insurance; and
- (b) <\$1,000-\$1,000,000>.

(29) Additional Benefit for Loss of Life as a Result of a Motorcycle Accident While Wearing Safety Equipment:

This additional benefit for the person's Loss of life only applies if the person sustains an accidental bodily Injury resulting in the Loss while:

- (a) the person is a driver or passenger on a motorcycle;
- (b) the person is wearing all of the following as verified in an official police accident report, medical examiner report or coroner's report: a Helmet, protective clothing, long pants and boots; and

- (c) the driver of the motorcycle has a current and valid driver's license, which includes motorcycles, at the time of the accident.

Losses Not Covered under this Additional Benefit: A Loss is not covered under this additional benefit if it results from driving or riding on any motorcycle used in a race or a speed or endurance test, for acrobatic or stunt driving, or for any illegal purpose.

Additional Amount Payable under this Additional Benefit:

An amount equal to the lesser of:

- (a) <1%-100%> of the Amount of Insurance on the person; and
(b) <\$1,000-\$100,000>.

If it cannot be determined that the person was wearing the necessary safety equipment at the time of the Accident, a benefit of <\$500.00-\$5,000> will be paid.]

3

[B. OTHER ADDITIONAL BENEFITS.]

4

[(1) Additional Benefit for Family Relocation and Accompaniment:

This additional benefit for family relocation and accompaniment is payable only if both of these tests are met:

- (a) Your Spouse, Domestic Partner or Dependent Child sustains an accidental bodily Injury resulting in a Loss that would be payable if you sustained the Injury.
(b) Your Spouse, Domestic Partner or Dependent Child sustains the Injury while with you or on the way to join you on a Relocation Trip, or while accompanying you on an Authorized Business Trip.

Dependent Child: Each of your unmarried children less than 19 years old, including your legally adopted children, children placed with you for adoption prior to legal adoption, and each of your stepchildren and foster children who depends on you for support and maintenance. But, the age 19 limit does not apply to a child who:

- (a) wholly depends on you for support and maintenance, is enrolled as a full-time student in a school, and is less than age <21-30>; or
(b) is mentally or physically incapable of earning a living and otherwise meets the definition of Dependent Child.

Additional Amount Payable under this Additional Benefit: The amount payable depends on the type of Loss and the Percent as shown in the Benefit Amount Payable provision of the Benefits section of the Coverage as follows.

For your Spouse or Domestic Partner, the amount payable is an amount equal to <\$1,000-\$100,000> times the Percent for the Loss that would be payable if you sustained the Injury.

For each dependent child, the amount payable is an amount equal to <\$1,000-\$50,000> times the Percent for the Loss that would be payable if you sustained the Injury.]

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[(2) Additional Benefit for Critical Burns:

This additional benefit for your Critical Burns is payable only if all of these tests are met:

- (a) You suffer Critical Burns while a Covered Person under the Coverage.
- (b) The Critical Burns result in Permanent Disfigurement.
- (c) The Critical Burns were sustained while you were Working for Your Employer.
- (d) The Losses Not Covered provisions of the Coverage apply to this Additional Benefit as if there were a Loss.

This additional benefit is not payable:

- (a) for loss of life;
- (b) if an Additional Benefit for Total and Permanent Disability has been paid under this Coverage due to the same accident.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) <1%-50%> of the Amount of Insurance; and
- (b) <\$1,000-\$50,000>.]

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[(3) Additional Benefit for Occupational HIV or Hepatitis:

This additional benefit for occupational HIV or Hepatitis is payable only if all of these tests are met:

- (a) You are a Covered Person under the Coverage on the date of an Occupational Accident.
- (b) You test positive for HIV or Hepatitis within <30-365> days of the date of an Occupational Accident.
- (c) Within <24-72> hours following the Occupational Accident:
 - (i) You report the Occupational Accident to Prudential and to the Contract Holder in writing; and
 - (ii) You undergo a Food and Drug Administration (FDA) approved preliminary screening test for both HIV and Hepatitis which confirms that you do not have a positive test for HIV and Hepatitis at the time of the Occupational Accident.
- (d) You provide to Prudential written notification of the test results directly from the laboratory that performed the test as soon as reasonably possible.
- (e) Benefits under the Coverage would be payable if you suffered a Loss of life.

The monthly benefit begins on the first day of the month following the month you test positive for HIV or Hepatitis.

If you test positive for both Hepatitis and HIV as a result of the same Occupational Accident, only one monthly benefit will be paid.

This benefit does not pay any expenses incurred for testing for Hepatitis or HIV.

Additional Monthly Amount Payable under this Additional Benefit: A monthly amount equal to the lesser of:

- (a) <1%-5%> of your Amount of Insurance; and
- (b) <\$100-\$5,000>.

This benefit will be paid monthly until the first of these occurs:

- (a) You recover from Hepatitis if the benefit is being paid for that disease.
- (b) The benefit has been paid for <6-36> consecutive months.]

5

[(4) Additional Benefit for Surgical Replantation:

This additional benefit for a person's Surgical Replantation is payable only if all of these tests are met:

- (a) The person sustains a Loss while a Covered Person under the Coverage.
- (b) The person undergoes Surgical Replantation that a Doctor determines is necessary due to the Loss.
- (c) Benefits under the Coverage would be payable for the Loss if the person did not undergo Surgical Replantation.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (a) <1% - 50%> of the Amount of Insurance on the person; and
- (b) <\$1,000 - \$100,000>.]

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[(5) Additional Benefit for Total Disability:

This additional benefit for your or your Qualified Dependent Spouse's or Domestic Partner's Total Disability is payable only if all of these tests are met:

- (a) The person sustains an accidental bodily Injury while a Covered Person under the Coverage.
- (b) Benefits under the Coverage would be payable if the person suffered a Loss of life:
 - (i) as a result of that Injury; and
 - (ii) within one year after the person sustains the Injury.
- (c) Within <30-365> days after the person sustains that Injury, that person becomes Totally Disabled as a direct result of that Injury and from no other cause.
- (d) The person remains continuously so disabled during the rest of the <6-12 month> period after the person sustains the Injury.
- (e) The person is less than age <60-100> when the person becomes Totally Disabled.

Benefits for Total Disability are payable on a monthly basis. Benefits will not begin until <6-12> months from the date the person becomes Totally Disabled.

More than one Injury: For the purpose of this additional benefit:

- (a) All of a person's Injuries sustained in one accident will be considered one Injury.
- (b) If, while the person qualifies for the monthly benefits as the result of an Injury sustained in an accident, the person would qualify for the monthly benefits as the result of an Injury sustained in a later accident, the following will apply. The Injuries sustained in all those accidents will be considered to be one Injury sustained in the first of those accidents.

This additional benefit is not payable while an Additional Benefit for Total and Permanent Disability is being paid under this Coverage due to the same accident.

Additional Monthly Amount Payable under this Additional Benefit: An amount equal to <1%-5%> of the amount payable under the Coverage for the person's Loss.

This benefit will be paid monthly until the first of these occurs:

- (a) The person is no longer Totally Disabled.
- (b) The person fails to furnish any required proof that the person's Total and Permanent Disability continues.
- (c) The person fails to submit to a medical exam by Doctors named by Prudential, at Prudential's expense, when and as often as Prudential requires.
- (d) The person reaches age <65-100>.
- (e) The benefit has been paid for <1-100> consecutive months.]

[(6) Additional Benefit for Total and Permanent Disability:

This additional benefit for your or your Qualified Dependent Spouse's or Domestic Partner's Total and Permanent Disability is payable only if all of these tests are met:

- (a) The person sustains an accidental bodily Injury while a Covered Person under the Coverage.
- (b) Benefits under the Coverage would be payable if the person suffered a Loss of life:
 - (i) as a result of that Injury; and
 - (ii) within one year after the person sustains the Injury.
- (c) Within <30-365> days after the person sustains that Injury, that person becomes Totally and Permanently Disabled as a direct result of that Injury and from no other cause.
- (d) The person remains continuously so disabled during the rest of the <6-12> month period after the person sustains the Injury.
- (e) The person is less than age <60-100> when the person becomes Totally and Permanently Disabled.

Benefits for Total and Permanent Disability are payable on a monthly basis. Benefits will not begin until <6-12> months from the date the person becomes Totally and Permanently Disabled.

More than one Injury: For the purpose of this additional benefit:

- (a) All of a person's Injuries sustained in one accident will be considered one Injury.
- (b) If, while the person qualifies for the monthly benefits as the result of an Injury sustained in an accident, the person would qualify for the monthly benefits as the result of an Injury sustained in a later accident, the following will apply. The Injuries sustained in all those accidents will be considered to be one Injury sustained in the first of those accidents.

This additional benefit is not payable: (1) if an Additional Benefit for Critical Burns has been paid under this Coverage due to the same accident; or (2) while an Additional Benefit for Total Disability is being paid under this Coverage due to the same accident.

Additional Amount Payable under this Additional Benefit: An amount equal to <1%-5%> of the amount payable under the Coverage for the person's Loss.

This benefit will be paid monthly until the first of these occurs:

- (a) The person is no longer Totally and Permanently Disabled.
- (b) The person fails to furnish any required proof that the person's Total and Permanent Disability continues.
- (c) The person fails to submit to a medical exam by Doctors named by Prudential, at Prudential's expense, when and as often as Prudential requires.
- (d) The person reaches age <65-100>.
- (e) The benefit has been paid for <1-100> consecutive months.]

[(7) Additional Monthly Benefit for a Hospital Inpatient Stay:

An additional benefit for a Hospital Inpatient Stay is payable only if all of these tests are met:

- (a) The person sustains an accidental bodily Injury while a Covered Person under the Coverage.
- (b) Treatment for any such Injury requires a Hospital Inpatient Stay of more than <1-14> consecutive days.
- (c) The Hospital Inpatient Stay begins within <1-365> days of the accident.
- (d) The Losses Not Covered provisions of the Coverage apply to this Additional Benefit as if there were a Loss.

Additional Monthly Amount Payable under this Additional Benefit: An amount equal to <1%-10%> of the Amount of Insurance on the person, up to <\$100-\$5,000>, for each month of a Hospital Inpatient Stay, up to the Maximum Benefit Duration for a Hospital Inpatient Stay. But, if the total number of days in that Stay is not evenly divisible by 30, the benefit amount payable for any day that represents only a part of a month will be 1/30 of the full monthly benefit amount.

No benefit is payable for the first <1-14> days of a Hospital Inpatient Stay.

Maximum Benefit Duration for a Hospital Inpatient Stay: <6-12> months.]

[(8) Additional Benefits for Travel Assistance:

- (a) **Additional Benefit for Medical Evacuation Expenses:** This additional benefit for a person's medical evacuation expenses is payable only if all of these tests are met:
- (i) The person requires emergency medical evacuation while a Covered Person under the Coverage.
 - (ii) The emergency medical evacuation is required due to Injury or Sickness which occurs while the person is travelling at least <50-200> miles from the person's permanent residence.
 - (iii) A Doctor determines that the severity of the person's Injury or Sickness requires medical evacuation.
 - (iv) If emergency medical evacuation is required due to the person's Injury, the Losses Not Covered provisions of the Coverage apply to this Additional Benefit as if there were a Loss.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (i) the cost of transporting the person to the nearest appropriate Hospital capable of providing the necessary medical treatment; and
- (ii) <\$5,000 - \$1,000,000>.

- (b) **Additional Benefit for Companion Travel Expenses:** This additional benefit for a person's Companion Travel Expenses is payable only if all of these tests are met:

- (i) The person is hospitalized while a Covered Person under the Coverage.
- (ii) The person is hospitalized while travelling outside the person's country of residence.
- (iii) If hospitalization is required due to the person's Injury, the Losses Not Covered provisions of the Coverage apply to this Additional Benefit as if there were a Loss.

Companion Travel Expenses means expenses for any of the following:

- (i) the cost of transportation to return the person's children or a companion travelling with the hospitalized person back home;
- (ii) the cost of round trip transportation for a friend or family member to visit the person, if the person is hospitalized for longer than <7 -12> consecutive days.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (i) the amount of Companion Travel Expenses; and
- (ii) <\$1,000 - \$100,000>.

- (c) **Additional Benefit for Return of Remains:** This additional benefit for a person's Return of Remains Expenses is payable only if both of these tests are met:

- (i) The person suffers a Loss of life due to Injury or Sickness while travelling outside the person's country of residence.

- (ii) If the person's Loss of life is due to Injury, the Losses Not Covered provisions of the Coverage apply to the Loss.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

- (i) the amount of Return of Remains Expenses; and
 - (ii) <\$1,000-\$100,000>.]
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The Prudential Insurance Company of America

Explanation of Variable Language for

83500 ADD A 5051

There are two types of variable material set forth in brackets within this form. These types are:

- A. Illustrative material; and
- B. Specific variable material.

Illustrative material consists of any entries such as numbers, percentages, classes eligible, waiting periods, weekly or monthly benefits, maximum periods of benefits, amounts, times and ages which may be varied.

Ranges (e.g., percentages, amounts, times) are shown for some illustrative material and are indicated by arrows on the forms. Actual entries will always fall within the ranges, but may be revised as appropriate. For example, “30 days” may be changed to “1 month” or “365 days” may be changed to “1 year”.

The terms “Contract Holder” and “Employer” may be used interchangeably or may be replaced by other appropriate terms.

The terms “you”, “person” or “Employee” may be replaced by the term “member” or other appropriate term describing a member of the group insured. A term such as “Employee” may also be added in front of any coverage name, such as “Employee Voluntary Accidental Death and Dismemberment.”

The term “Dependent” may be omitted or modified to reflect only the applicable dependents and references such as “You and Your Dependents” may be modified to reflect how the coverage may be issued, such as employee only; spouse, domestic partner and children; spouse and domestic partner only; children only; other dependents.

The coverage names may be referred to by other appropriate names, such as “Basic”, “Optional”, or “Supplemental”.

Amounts may be shown another way. For example, different amounts may be included for employee, spouse, domestic partner and child; minimums and maximums may be included; amounts may be a flat dollar amount only, a percentage of the Amount of Insurance only, the lesser of actual expenses and a flat dollar amount, etc.

An alternate benefit may be added if there is no qualified dependent spouse or domestic partner and/or child for a benefit.

The Additional Benefit for Monthly Rehabilitation Expense may be a daily benefit or a lump sum benefit.

The Additional Benefit for Total Disability may be a monthly or weekly benefit.

The Additional Benefit for Total and Permanent Disability may be a monthly or lump sum benefit.

Whenever a definition appears in a Coverage form, it may be deleted and appear in the Definitions section instead. Similarly, any of the items appearing in the Definitions section may be moved to other forms.

Whenever a reference to a Schedule of Benefits item appears in a Coverage form, the actual Schedule of Benefits item may be substituted.

The bracketed references will be appropriately modified to reflect grammatical form.

Specific variable material is noted by Marginal Notes. Specific variable material will be changed only as indicated in the Marginal Note explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

Marginal Notes

1. The title may be modified. For example, it may be modified to:
 - reflect death only coverage; or
 - delete “Voluntary”; or
 - delete “Voluntary” and then add another descriptive term such as “Optional”, “Supplemental”, or “Additional Provisions for” or
 - reflect Business Travel Accident Coverage.
2. This item shows a full range of additional benefits that may be offered to a Contract Holder. Prudential anticipates offering all, some or none of these additional benefit options. The benefit plan for any particular Contract Holder will reflect only the options purchased by that Contract Holder, and may be deleted in whole or in part, or revised to reflect the provisions mutually agreed upon by Prudential and the Contract Holder. For example, all references to “Loss” or “Loss of life” may be revised to refer to all losses or only specific types of losses, and references to “date of death” may be revised to “date of Loss” or another appropriate term.
 - 2a. This item may be revised to apply to either business or pleasure or both.
 - 2b. This item may be revised to change or remove the number of miles, remove the country of residence wording, or to include alternate locations.
 - 2c. This item may be revised so that a benefit is payable for any accidental bodily Injury rather than only if the person suffers a “Loss” as defined by the Voluntary Accidental Death and Dismemberment Coverage form. It may also

be revised to delete the Authorized Business Trip. In addition, this item may be moved to section B of this form (Other Additional Benefits).

- 2d. This item may be revised to be a lump sum payment.
- 2e. This item may be revised to be a daily benefit, or the lesser of actual expenses and a flat dollar amount.
- 2f. This item may be revised so that a benefit is payable for a Loss suffered while wearing a Helmet only, or revised to reflect another combination of safety equipment mutually agreed upon by Prudential and the Contract Holder.
- 3. This item may be deleted if none of the additional benefits shown below it are offered by the Contract Holder.
- 4. This item shows an additional benefit that may be offered to a Contract Holder. The benefit plan for any particular Contract Holder will reflect only the options purchased by that Contract Holder, and may be deleted in whole or in part, or revised to reflect the provisions mutually agreed upon by Prudential and the Contract Holder. In addition, this item may be revised to apply to other insured persons, such as dependents.
- 5. This item shows an additional benefit that may be offered to a Contract Holder. The benefit plan for any particular Contract Holder will reflect only the options purchased by that Contract Holder, and may be deleted in whole or in part, or revised to reflect the provisions mutually agreed upon by Prudential and the Contract Holder.
- 6. This item shows an additional benefit that may be offered to a Contract Holder. The benefit plan for any particular Contract Holder will reflect only the options purchased by that Contract Holder, and may be deleted in whole or in part, or revised to reflect the provisions mutually agreed upon by Prudential and the Contract Holder. For example, this item may be revised so that the benefit is a weekly benefit rather than a monthly benefit.
- 7. This item shows an additional benefit that may be offered to a Contract Holder. The benefit plan for any particular Contract Holder will reflect only the options purchased by that Contract Holder, and may be deleted in whole or in part, or revised to reflect the provisions mutually agreed upon by Prudential and the Contract Holder. For example, this item may be revised so that the benefit is a one-time lump sum benefit rather than monthly installments, and all references that are inapplicable to a lump sum benefit would be deleted or revised.
- 8. This item shows an additional benefit that may be offered to a Contract Holder. The benefit plan for any particular Contract Holder will reflect only the options purchased by that Contract Holder, and may be deleted in whole or in part, or revised to reflect the provisions mutually agreed upon by Prudential and the Contract Holder. For example, this item may be revised so that the benefit is a one-time lump sum benefit rather than monthly amounts or may be on a daily or weekly basis.

9. This item shows additional benefits that may be offered to a Contract Holder. The benefit plan for any particular Contract Holder will reflect only the options purchased by that Contract Holder, and may be deleted in whole or in part, or revised to reflect the provisions mutually agreed upon by Prudential and the Contract Holder. For example, this item may only include Medical Evacuation or a combination of any of the three benefits. The Return of Remains may be revised to include a specific range of miles or delete the out of country requirement.

1

Hazard Provisions under [Voluntary Accidental Death and Dismemberment] Coverage [#1]

[FOR YOU AND YOUR DEPENDENTS]

These provisions describe the Hazards under the Coverage.

2

Hazard means [any of the risks described below.

(1) **24 Hour All Risk Hazard:**

The person is engaged in or the victim of a risk.

(2) **24 Hour All Risk Business Hazard (on or off premises):**

You are Working for Your Employer.

(3) **24 Hour All Risk Business Hazard (on premises):**

You are Working for Your Employer at Your Regular Place of Employment.

(4) **24 Hour All Risk Business Hazard (off premises):**

You are Working for Your Employer But Away from Your Regular Place of Employment.

(5) **Business Trip Hazard:**

You are on an Authorized Business Trip for your Employer.

(6) **Relocation Trip Hazard:**

You are on a Relocation Trip.

(7) **Emergency or Disaster Response Team Hazard:**

While you are Working for Your Employer, you are:

- (a) a participating member of the Contract Holder's emergency or disaster response team; and
- (b) responding to a bona fide emergency or disaster as determined the Contract Holder.

This includes while riding in or getting into or out of an ambulance, airplane or helicopter.

(8) **Commuting to and from Work due to a Transit Difficulty Hazard:**

You are Commuting to and from Work due to a Transit Difficulty. This does not include:

- (a) Personal Deviations; or

- (b) accidents which happen more than 2 hours after you leave your home or place of work, unless it can definitely be shown:
 - (i) that the delay was caused by conditions beyond your control; or
 - (ii) that more time was needed for normal direct commuting.

This Hazard applies to Employees only.

(9) Private Passenger Automobile Hazard:

During an Authorized Business Trip for your Employer, you are: getting into; getting out of; riding as a passenger in; struck by; or operating a private passenger Automobile. But, this does not include cars owned, leased or rented by the Contract Holder or any of its subsidiaries or affiliates.

(10) Rented Automobile Hazard:

During an Authorized Business Trip for your Employer, you are: getting into; getting out of; riding as a passenger in; struck by; or operating a Rented Automobile.

(11) Air Common Carrier Hazard:

During an Authorized Business Trip for your Employer, you are: boarding; leaving; riding as a passenger in; or struck by an Air Common Carrier that is taking you directly to, from or within an airport.

(12) Common Carrier and Covered Aircraft Hazard:

During an Authorized Business Trip for your Employer, you are: boarding; leaving; riding as a passenger in; or struck by a Common Carrier or a Covered Aircraft. This includes chartered aircraft. But, this does not include any aircraft owned, operated, controlled or leased by or on behalf of the Contract Holder or any of its subsidiaries or affiliates or its customers.

(13) Common Carrier and Covered Aircraft Hazard:

During an Authorized Business Trip for your Employer, you are: boarding; leaving; riding as a passenger in; or struck by a Common Carrier or a Covered Aircraft that is taking you directly to, from or within an airport. This includes chartered aircraft. But, this does not include any aircraft owned, operated, controlled or leased by or on behalf of the Contract Holder or any of its subsidiaries or affiliates or its customers.

(14) Covered Aircraft and Land or Water Vehicle Hazard:

During an Authorized Business Trip for your Employer, you are:

- (a) boarding; leaving; riding as a passenger in; or struck by a Covered Aircraft; or
- (b) boarding; leaving; riding as a passenger in; struck by; or operating any land or water vehicle, provided you are not operating that vehicle for hire or compensation.

This includes chartered aircraft. But, this does not include any aircraft owned, operated, controlled or leased by or on behalf of the Contract Holder or any of its subsidiaries or affiliates.

(15) Covered Aircraft and Public Vehicle Hazard:

During an Authorized Business Trip for your Employer, you are: boarding; leaving; riding as a passenger in; or struck by a Covered Aircraft or a Public Vehicle that is taking you directly to, from, or within an airport. This includes chartered aircraft. But, this does not include any aircraft owned, operated, controlled or leased by or on behalf of the Contract Holder or any of its subsidiaries or affiliates.

(16) Land or Water Common Carrier Hazard:

During an Authorized Business Trip for your Employer, you are: boarding; leaving; riding as a passenger in; or struck by a Land or Water Common Carrier.

(17) Covered Aircraft Used for Transportation Flights Only and Public Vehicle Hazard:

During an Authorized Business Trip for your Employer, you are: boarding; leaving; riding as a passenger in; or struck by a Covered Aircraft Used for Transportation Flights Only or a Public Vehicle that is taking You directly to, from, or within an airport.

(18) Specified Aircraft Hazard:

During an Authorized Business Trip for your Employer, you are: boarding; leaving; riding as a passenger or crew member in; or struck by a Specified Aircraft.

Specified Aircraft means any of the aircraft described below which is owned, operated, controlled or leased by or on behalf of the Contract Holder or any of its subsidiaries or affiliates or its customers, if such aircraft is: (a) Certified; and (b) operated by a pilot who has a Certificate of Competency and who has logged the applicable minimum number of hours of flying time in aircraft of similar design. But the term does not include any aircraft used for: (a) firefighting; (b) exploration; (c) pipe or powerline work; or (d) aerial photography.

Aircraft Model/Type	FAA Tail Number	Crew Seats	Passenger Seats
Gulfstream IV	N 18AN	2	14

Specified Aircraft also means New and Substitute Aircraft.

New Aircraft means any newly acquired Certified civilian aircraft operated by a pilot who has a Certificate of Competency for that type of aircraft, if the Contract Holder notifies Prudential within <30-365> days of the acquisition.

Substitute Aircraft means a Certified civilian aircraft of like design to a Specified Aircraft that is: (a) operated by a pilot who has a Certificate of Competency for a similar type and design of aircraft; and (b) being used temporarily in the place of a Contract Holder Specified Aircraft.

(19) Specific Business Trip Hazard:

You are traveling on the Specific Business Trip shown below.

Specific Business Trip means the Sales Conference in Miami, Florida from January 1, 20XX to January 15, 20XX.

(20) Specific Activity Hazard:

You are participating in, or practicing for, the Specific Activity shown below.

Specific Activity means the Contract Holder's Winter Event on January 1, 20XX. This includes travel to and from the Specific Activity.

(21) School-Time Hazard:

You are:

- (a) on the ABC School's premises during the hours and on the days when school is in session;
- (b) away from the ABC School's premises while participating or attending any activity sponsored and under the direct and immediate supervision of the ABC School; or
- (c) traveling directly to and from your primary residence and the ABC School's premises for regular attendance under (a) or (b) above.

(22) Specific Flight Hazard:

You are: boarding; leaving; riding as a passenger or a crew member in; or struck by the aircraft used for the Specific Flight shown below.

Specific Flight means the flight described below, provided the aircraft is: (a) Certified; and (b) operated by a pilot who has a Certificate of Competency for that aircraft.

Flight Number: 123

From: Newark, New Jersey

To: Miami, Florida

Aircraft: 727

Date: January 1, 20XX

(23) Seat Belt and Air Bag Hazard:

While you are Working for Your Employer or on an Authorized Business Trip, you are a driver or passenger in an Automobile, and:

- (a) you are wearing a Seat Belt in the manner prescribed by the vehicle's manufacturer;
- (b) the actual use of a Seat Belt at the time of the Injury is verified in an official report of the accident, or is certified in writing by the investigating official(s);
- (c) the Automobile is equipped with a factory-installed Air Bag; and
- (d) a properly functioning Air Bag is deployed for the seat you occupied.

But, this does not apply if you are driving or riding in any Automobile being used in a race or a speed or endurance test, for acrobatic or stunt driving, or for any illegal purpose.

(24) Felonious Assault Hazard:

You are the victim of a Felonious Assault which occurs:

- (a) because of your employment; and

(b) while you are Working for Your Employer or on an Authorized Business Trip.

(25) Bomb Scare Hazard:

You are the victim of a Bomb Scare that:

- (a) is directed at the Contract Holder or its property or assets; and
- (b) occurs on the Contract Holder's premises.

But, this does not include a Bomb Scare that is an act of: (a) yours; (b) an Employee of the Contract Holder; or (c) a former Employee of the Contract Holder whose employment with the Contract Holder ended less than <1-12> months before the date of the Bomb Scare.

(26) Hijacking Hazard:

During an Authorized Business Trip for your Employer, you are the victim of a Hijacking that occurs while you are: getting into, out of, on, or off; or riding as a passenger in any air, land, or water vehicle, except a private automobile. But, this does not include a Hijacking:

- (a) that occurs while you are performing, learning to perform or instructing others to perform as a pilot, operator or crew member of any aircraft;
- (b) that occurs while you are riding as a passenger in an aircraft owned, operated, controlled or leased by or on behalf of the Contract Holder or any of its subsidiaries or affiliates or its customers; or
- (c) that is an act of: (i) yours; (ii) an immediate family member of yours; (iii) an Employee of the Contract Holder; (iv) a former Employee of the Contract Holder whose employment with the Contract Holder ended less than <1-12> months before the date of the Hijacking; or (v) an individual who resides with you on a permanent basis.

(27) War Risk Hazard:

During an Authorized Business Trip for your Employer, you are traveling in a Designated War Risk Area. This applies only if the Contract Holder gives Prudential the required information defined below at each of the following times:

- (a) whenever conditions of war change in a Designated War Risk Area;
- (b) whenever Prudential asks for it.

The following required information must be provided for each Employee who is covered for this risk:

- (a) the Employee's name;
- (b) the Employee's Amount of Insurance under the Coverage;
- (c) the Designated War Risk Area to which the Employee plans to travel; and
- (d) the duration of travel in a Designated War Risk Area.

Changes in War Risk Hazard: Prudential has the right to change: (1) the Designated War Risk Area(s) shown below if the conditions of war in those areas change; and (2) premium rates

for this risk. Prudential will notify the Contract Holder in writing at least <10-60> days before a change in the premium rates is made.

Designated War Risk Area(s): All areas except those shown below:

United States of America	Afghanistan
Canada	Jammu & Kashmir
Algeria	Philippines
Angola	Nepal
Burundi	Sri Lanka (North & Eastern Provinces only)
Cote D'Ivoire	Iran
Dem. Republic of Congo	Iraq
Guinea	Israel
Ivory Coast	Kuwait
Liberia	Saudi Arabia
Zimbabwe	Syria
Somalia	Yemen
Sudan	Chechenia
Colombia	Uzbekistan
Haiti	

End of War Risk Hazard: The Contract Holder may write to Prudential, in advance, to ask that this Hazard be ended. Then this Hazard will end on the date requested. Prudential may end this Hazard at any time. But, written notice of its intent to do so must be given to the Contract Holder at least <10-60> days in advance. The end of this Hazard will not affect a claim incurred before the date the Hazard ends.]

The Prudential Insurance Company of America

Explanation of Variable Language for

83500 ADD H 5023

There are two types of variable material set forth in brackets within this form. These types are:

- A. Illustrative material; and
- B. Specific variable material.

Illustrative material consists of any entries such as dates, names, addresses, numbers, amounts, times and ages which may be varied.

Ranges (e.g., percentages, amounts, times) are shown for some illustrative material and are indicated by arrows on the forms. Actual entries will always fall within the ranges, but may be revised as appropriate. For example, “30 days” may be changed to “1 month” or “365 days” may be changed to “1 year”.

The terms “Contract Holder” and “Employer” may be used interchangeably or may be replaced by other appropriate terms.

The term “you”, “person” or “Employee” may be replaced by the term “Member”, “Participant”, “Associate” or other appropriate term describing a member of the group insured. A term such as “Employee” may also be added in front of any coverage name, such as “Employee Voluntary Accidental Death and Dismemberment.”

The term “Dependent” may be omitted or modified to reflect only the applicable dependents and references such as “You and Your Dependents” may be modified to reflect how the coverage may be issued, such as employee only; spouse, domestic partner and children; spouse and domestic partner only; children only; other dependents.

The coverage names may be referred to by other appropriate names, such as “Basic”, “Optional”, or “Supplemental”.

Whenever a definition appears in a Coverage form, it may be deleted and appear in the Definitions section instead. Similarly, any of the items appearing in the Definitions section may be moved to other forms.

Whenever a reference to a Schedule of Benefits item appears in a Coverage form, the actual Schedule of Benefits item may be substituted.

The bracketed references will be appropriately modified to reflect grammatical form.

Specific variable material is noted by Marginal Notes. Specific variable material will be changed only as indicated in the Marginal Note explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

Marginal Notes

1. The title may be modified. For example, it may be modified to:
 - reflect death only coverage; or
 - delete “Voluntary”; or
 - delete “Voluntary” and then add another descriptive term such as “Optional”, “Supplemental”, or “Additional Provisions for” or
 - reflect Business Travel Accident Coverage.
2. This item may be deleted in part, or revised to reflect the Hazards that are mutually agreed upon by Prudential and the Contract Holder. Where appropriate, reference to “you” or “person” may be modified to reflect that a Hazard applies to other persons (e.g., spouse, domestic partner and children, spouse and domestic partner only, children only or other dependents).

1 Definitions under [Voluntary Accidental Death and Dismemberment] Coverage [#1]

[FOR YOU AND YOUR DEPENDENTS]

Some of the terms used in the Coverage:

2 **[Air Bag:** An inflatable safety device that: (1) meets published federal safety standards; (2) is installed by the Automobile's manufacturer or replaced by an organization sanctioned by the Automobile's manufacturer; and (3) is not altered after that installation or replacement.

Air Common Carrier: Any regularly scheduled aircraft operated under a license for the transportation of passengers for hire. The term includes a shuttle bus, tram or other vehicle used to transport people within an airport.

Authorized Business Trip: A trip that your Employer authorizes you to take for the purpose of furthering its business. An Authorized Business Trip: (1) starts when you leave your residence or Regular Place of Employment, whichever is later; and (2) ends when you return to your residence or Regular Place of Employment, whichever is earlier.

The term includes trips for personal reasons that are taken during the course of authorized business travel if they do not exceed <1-30> consecutive days. But it does not include Commuting to and from Work, vacations or leaves of absence.

Automobile: A validly registered:

- (1) vehicle that may be legally driven with the standard issue class of motor vehicle driver's license and no additional class of license is necessary to operate this vehicle; or
- (2) four wheel, two axle private passenger motor vehicle.

But Automobile does not include: (1) cars owned or leased by the Contract Holder or any of its subsidiaries or affiliates; (2) a motor vehicle intended for off-road use; or (3) a motor vehicle being used without the owner's permission.

Bereavement and Trauma Counseling Sessions: Sessions with a licensed psychiatrist, licensed psychologist or other medical professional acting within the scope of the license to assist in coping with the Loss and for which a charge is made.

Bomb: A device which when detonated can or does explode.

Bomb Scare: Any: (1) report of the presence of a Bomb (whether or not there actually is a Bomb) that requires both evacuation of the Contract Holder's premises and an organized search of such Bomb; or (2) explosion of a Bomb, whether or not reported in advance.

Carjacking: Taking unlawful possession of an Automobile by someone unknown to the person by means of force or threats against the person(s) rightfully occupying such Automobile and for which a police report is on record.

Certificate of Competency: A current valid Certificate of Competency indicating that the person to whom it is issued is qualified as a pilot to fly a particular type of aircraft.

Certified: The aircraft has a current valid "standard" Airworthiness Certificate issued by the Federal Aviation Administration or its foreign equivalent.

Child Care Center: A facility or individual which:

- (1) operates pursuant to law, if locally required;
- (2) is not a family member; and
- (3) primarily provides care and supervision for children in a group setting on a regular, daily basis.

Coma: A profound state of unconsciousness from which the person cannot be aroused, even by powerful stimulation, as determined by the person's Doctor.

Common Carrier: Any: (1) air, land or water vehicle operated under a license for the transportation of passengers for hire; or (2) aircraft operated by the Military Air Transport Service (MATS) of the United States or by a similar military air transport service of any duly constituted governmental authority of any other recognized country.

The term includes: (1) a shuttle bus, tram, limousine or other vehicle used to transport people within an airport; and (2) chartered aircraft. But it does not include any aircraft: owned; operated; controlled; or leased by or on behalf of the Contract Holder or any of its subsidiaries or affiliates or its customers.

Commuting to and from Work: Leaving your primary residence and going directly to your Regular Place of Employment; and returning from your Regular Place of Employment and going directly to your primary residence. Such commuting must take place during a regular workday.

Covered Aircraft: Any:

- (1) Certified civilian aircraft provided it is operated by a pilot who has a Certificate of Competency;
- (2) Civilian scheduled air carrier holding certificate, license or similar authorization for civilian scheduled air carrier transportation by the country of the aircraft's registry, and which in accordance therewith files, prints, maintains and publishes schedules and tariffs for regular passenger service between named cities at regular and specified times, or any chartered flights operated by such carriers;
- (3) Aircraft operated by the Military Air Transport Services (MATS) of the United States or by the similar military air transport services of any duly constituted governmental authority of any other recognized country;
- (4) Powered aircraft having a valid and current NC or N Standard Airworthiness Certificate issued by the Civil Aeronautics Administration of the United States, or its successor, or any similar certificate issued by the jurisdictional agency or authority of any other recognized country, and piloted by a person who then holds a valid and current Certificate of Competency of a rating authorizing him to pilot such aircraft; or
- (4) Experimental aircraft flown while Working for your Employer for the purposes of: (a) flight testing; (b) ferrying; or (c) sales, provided it is piloted by a person who then holds a valid and current Certificate of Competency of a rating authorizing the person to pilot such aircraft.

The term includes chartered aircraft. But it does not include any aircraft: owned; operated; controlled; or leased by or on behalf of the Contract Holder or any of its subsidiaries or affiliates or its customers.

Covered Aircraft Used for Transportation Flights Only: Any: (1) civilian aircraft currently approved by the Federal Aviation Administration if it is being used solely for the transportation of passengers and is operated by a pilot who holds a Certificate of Competency; or (2) previously approved military aircraft if it is being used solely for the transportation of passengers and is operated by a pilot who holds a Certificate of Competency or its military equivalent.

Critical Burns: Burns that are classified by a Doctor as being second degree or higher over <25%-99%> of the person's body.

Critical Period: The <6-36> months immediately following your or your Spouse's or Domestic Partner's death.

Felonious Assault: A Physical Attack by another person resulting in bodily harm to you. But, a Felonious Assault is not a moving violation as defined under the applicable state motor vehicle laws.

Funeral Expenses: Expenses for services and materials provided by an undertaker, crematorium or funeral home relating to burial of the person and for the purchase of a cemetery plot, tomb or mausoleum for the burial or internment of the deceased, including plaque, tombstone or monument.

Helmet: A protective headgear that meets or exceeds the standards established by the Snell Memorial Foundation Standard M-95 or M2000, the American National Standards Institute specification Z 90.1, or the United States Department of Transportation's Federal Motor Vehicle Safety Standard No. 218.

Hepatitis: Viral hepatitis, excluding Type A hepatitis.

Hijacking: Taking unlawful possession of any air, land, or water vehicle, except a private automobile, by means of force or threats against the person(s) rightfully occupying such vehicle. This does not include a Carjacking.

Home Alteration and Vehicle Modification Expenses: One-time expenses that are charged for:

- (1) alterations to your residence that are necessary to make the residence accessible and habitable to a person who has suffered a Loss; or
- (2) modifications to a motor vehicle owned or leased by a person that are needed to make such vehicle accessible to or drivable by the person.

Such alteration or modification must be made: because of the Loss; completed by individuals experienced in such alteration or modification; meet appropriate marketing standards; and be in compliance with any applicable laws or regulations of appeal by any appropriate government authority.

The term does not include charges above the norm for similar alterations and modifications in the locality where the charges are incurred.

Hospital: An institution that meets either of these tests:

- (1) It is accredited as a hospital under the Hospital Accreditation Program of the Joint Commission on Accreditation of Healthcare Organizations.

- (2) It is legally operated, has 24 hour a day supervision by a staff of Doctors, has 24 hour a day nursing service by registered graduate nurses, and complies with (a) or (b):
- (a) It mainly provides general inpatient medical care and treatment of sick and injured persons by the use of medical, diagnostic and major surgical facilities. All such facilities are in it or under its control.
 - (b) It mainly provides specialized inpatient medical care and treatment of sick or injured persons by the use of medical and diagnostic facilities (including X-ray and laboratory). All such facilities are in it, under its control, or available to it under a written agreement with a Hospital (as defined above) or with a specialized provider of those facilities.

But Hospital does not include a nursing home. Neither does it include an institution, or part of one, which: (1) is used mainly as a place for convalescence, rest, nursing care or for the aged; or (2) furnishes mainly homelike or Custodial Care, or training in the routines of daily living; or (3) is mainly a school.

Hospital Inpatient Stay: A Hospital stay for which a room and board charge is made by the Hospital. All of the person's Hospital Inpatient Stays for treatment of bodily Injury sustained in one accident will be considered one Stay unless separated by <30-180> days.

House: A single family home, a townhouse, a condominium or cooperative that you own and use as your primary residence. But House does not include an income producing property that is not your primary residence.

Land or Water Common Carrier: Any vehicle, excluding aircraft, operated under a license for the transportation of passengers for hire.

Medical Expenses: Charges out of pocket for medical services and supplies that:

- (1) are of the usual type furnished in connection with the diagnosis and treatment of the accidental bodily Injury;
- (2) are authorized by a Doctor; and
- (3) are incurred in an emergency room or urgent care center.

Medical Evacuation Expense: An expense to transport the injured person to the nearest appropriate Hospital capable of providing the necessary medical treatment.

Mortgage: A loan that is secured by your House. The term includes any property taxes and insurance that may be included in the monthly payment.

Natural Disasters: A storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event not caused by human agency.

Occupational Accident: An exposure to the Human Immunodeficiency Virus (HIV) or Hepatitis which occurs while you are Working for Your Employer. The exposure must be: (1) cutaneous through abraded skin; (2) percutaneous; or (3) mucocutaneous.

Permanent Disfigurement: Scarring over <10%-75%> of the body that can be corrected only by cosmetic surgery.

Personal Deviation: An activity that is not related to Contract Holder business, and not incidental to business travel.

Physical Attack: Any willful or unlawful use of force or violence upon you with the intent to cause bodily Injury to you. The Physical Attack must be considered a felony or misdemeanor in the jurisdiction in which it occurs.

Prosthetic Device: An artificial limb or eye.

Public Vehicle: Any vehicle operated under a license for the transportation of passengers for hire. The term includes a shuttle bus, tram or other vehicle used to transport people within an airport.

Regular Place of Employment: The Employer's place of business at which you spend at least <0-100>% of your working hours and which is located within <10-100> miles of your primary residence. Satellite offices located within <10-200> miles of your primary residence are also included.

Rehabilitation Expense: An expense that a Doctor has determined is needed to enable the injured person to return to the normal activities of a person of the same age and gender. Rehabilitation Expense includes: (1) the expense for treatment by a rehabilitation therapist who is licensed, registered and/or certified to provide such treatment; and (2) the expense of confinement in a health care facility for rehabilitation.

Relocation Trip: A trip due to your relocation, at the request and expense of the Contract Holder, which:

- (1) begins when you leave your former place of residence for the purpose of relocating at a new residence; and
- (2) ends when you arrive at the new residence.

A Relocation Trip does not include any period of time during which you take a personal trip or vacation.

Rented Automobile: A rented or leased legally registered four wheel, two axle private passenger motor vehicle other than your primary personal vehicle.

Return of Remains Expenses: Expenses for any of the following: (1) embalming; (2) cremation; (3) a coffin; and (4) transportation of the remains to return the person's body home.

School: An institution of higher learning. The term includes, but is not limited to, a university, college or trade school.

Seat Belt: Any: (1) passive restraint device for an adult that meets published federal safety standards, is installed by the Automobile's manufacturer or replaced by an organization sanctioned by the Automobile's manufacturer; and is not altered or replaced after that installation; or (2) federally approved, properly installed child safety seat.

Surgical Replantation: The surgical reattachment of an arm, leg, hand, foot, finger, or toe that has been severed from a person's body.

Total and Permanent Disability: A person is Totally and Permanently Disabled when:

- (1) Total Disability exists; and
- (2) Total Disability is such that condition (2) of the below Total Disability definition will be met for the rest of the person's lifetime.

Total Disability: A person is Totally Disabled when:

- (1) The person is not working at any job for wage or profit; and
- (2) Due to accidental bodily Injury:
 - (a) the person is not able to perform, for wage or profit, the material and substantial duties of that person's occupation; and
 - (b) beyond <6-12> months after the person sustains the accidental bodily Injury, the person is not able to perform, for wage or profit, the material and substantial duties of any job for which the person is reasonably fitted by the person's education, training or experience.

Transit Difficulty: The discontinuance of service of public transportation due to a strike, work stoppage, power failure or public disaster requiring you to pursue other options for commuting, such as using your personal automobile.

Tuition: The charge or fee for instruction, as at a private school, trade school or a college or university. Tuition does not include fees or charges other than for instruction.

Working for Your Employer: Performing the duties of your job with your Employer either on or off your Employer's premises. But the term does not include Commuting to and from Work, vacations or leaves of absence.

Working for Your Employer But Away from Your Regular Place of Employment: Performing the duties of your job with your Employer at a place other than the place at which you are regularly scheduled to work.]

The Prudential Insurance Company of America

Explanation of Variable Language for

83500 ADD D 5026

There are two types of variable material set forth in brackets within this form. These types are:

- A. Illustrative material; and
- B. Specific variable material.

Illustrative material consists of any entries such as numbers, percentages, classes eligible, waiting periods, amounts and times which may be varied.

Ranges (e.g., percentages, amounts, times) are shown for some illustrative material and are indicated by arrows on the forms. Actual entries will always fall within the ranges, but may be revised as appropriate. For example, “30 days” may be changed to “1 month” or “365 days” may be changed to “1 year”.

The terms “Contract Holder” and “Employer” may be used interchangeably or may be replaced by other appropriate terms.

The terms “you”, “person” or “Employee” may be replaced by the term “member” or other appropriate term describing a member of the group insured. A term such as “Employee” may also be added in front of any coverage name, such as “Employee Voluntary Accidental Death and Dismemberment.”

The term “Dependent” may be omitted or modified to reflect only the applicable dependents and references such as “You and Your Dependents” may be modified to reflect how the coverage may be issued, such as employee only; spouse, domestic partner and children; spouse and domestic partner only; children only; other dependents.

The coverage names may be referred to by other appropriate names, such as “Basic”, “Optional”, or “Supplemental”.

Whenever a definition appears in another form, it may be deleted and appear in this Definitions form instead. Similarly, any of the items appearing in this Definitions form may be moved to other forms.

The bracketed references will be appropriately modified to reflect grammatical form.

Specific variable material is noted by Marginal Notes. Specific variable material will be changed only as indicated in the Marginal Note explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

Marginal Notes

1. The title may be modified. For example, it may be modified to:
 - reflect death only coverage; or
 - delete “Voluntary”; or
 - delete “Voluntary” and then add another descriptive term such as “Optional”, “Supplemental”, or “Additional Provisions for” or
 - reflect Business Travel Accident Coverage.
2. The definitions may be deleted in whole or in part, or modified to reflect the definitions that are mutually agreed upon by Prudential and the Contract Holder. For example:

Authorized Business Trip might be limited to a certain number of days <30-365>. It might also be limited as to location such as:

- inside or outside the employee’s residence city limit; or
- international or domestic travel.

Common Carrier may exclude taxis and limousines that are being used for airport transportation.

CLAIM RULES

- 1 These rules apply to payment of benefits under [all accident Coverages].
- 2 **Proof of Loss:** Prudential must be given written proof of the loss [including any requested documentation, such as a death certificate,] for which claim is made under the Coverage. This proof must cover the occurrence, character and extent of that loss. It must be furnished within [<90–365> days] after the date of the loss. [But, if any Coverage provides for periodic payment of benefits at monthly or shorter intervals, the proof of loss for each such period must be furnished within <90–365> days after the period ends.]
- 3

A claim will not be considered valid unless the proof is furnished within [these] time limit[s]. However, it may not be reasonably possible to do so. In that case, the claim will still be considered valid if the proof is furnished as soon as reasonably possible.

- 2 **When Benefits are Paid:** Benefits are paid when Prudential receives written proof of the loss [including any requested documentation, such as a death certificate]. [But, if a Coverage provides that benefits are payable at equal intervals of a month or less, Prudential will not have to pay those benefits more often.]
- 3

- 4 **To Whom Payable:** Benefits are payable to you [with these exceptions:

- (1) Benefits for Tuition reimbursement for your surviving Spouse or Domestic Partner payable on account of your Loss of life will be paid to:
 - (a) your Spouse or Domestic Partner, if living; or
 - (b) your Spouse's or Domestic Partner's estate, if your Spouse or Domestic Partner is not living at the time a benefit is paid.
- (2) Benefits for Tuition reimbursement for your child or child care expenses payable on account of your Loss of life will be paid to the person or institution appearing to Prudential to have assumed the main support of your Qualified Dependent children.
- (3) Benefits for parental care expenses payable on account of your Loss of life will be paid to the person or institution appearing to Prudential to have assumed primary responsibility for parental care expenses.
- (4) Benefits for monthly mortgage payments payable on account of your Loss of life will be paid to your Spouse or Domestic Partner.
- (5) Benefits for common accident will be paid to the person or institution appearing to Prudential to have assumed the main support of your Qualified Dependent children.
- (6) Benefits for monthly medical premium for your surviving Spouse, Domestic Partner or Qualified Dependent children will be paid to:
 - (a) your Spouse or Domestic Partner, if living; or
 - (b) the person or institution appearing to have assumed the main support of your Qualified Dependent children.
- (7) Benefits for any other of your Losses that are unpaid at your death or become payable on account of your death will be paid to your Beneficiary or Beneficiaries. (See Beneficiary Rules.)

If you and a Beneficiary die in the same event and it cannot be determined who died first, benefits will be payable as if that Beneficiary died before you.

- (8) If you are not living, benefits for a dependent's Losses are payable to your Spouse or Domestic Partner if your Spouse or Domestic Partner is living.
- (9) If neither you nor your Spouse or Domestic Partner is living, then benefits for a Spouse's or Domestic Partner's Losses will be paid to your Spouse's or Domestic Partner's estate.
- (10) If neither you nor your Spouse or Domestic Partner is living, then benefits for a Qualified Dependent child's Losses will be paid to the child who suffered the Loss. If that Qualified Dependent child is not living, the benefits will be paid to the child's estate.]

3

Physical Exam [and Autopsy]: Prudential, at its own expense, has the right to examine the person whose loss is the basis of claim. Prudential may do this when and as often as is reasonable while the claim is pending. [Prudential also has the right to arrange for an autopsy in case of accidental death, if it is not forbidden by law.]

3

Legal Action: No action at law or in equity shall be brought to recover on the Group Contract until 60 days after the written proof described above is furnished. No such action shall be brought more than [three] years after the end of the time within which proof of loss is required.

INCONTESTABILITY OF INSURANCE TO WHICH THE CLAIM RULES APPLY

This limits Prudential's use of [a person's] statements in contesting an amount of that insurance for which the person is insured. These are statements made to persuade Prudential to effect an amount of that insurance. They will be considered to be made to the best of [the person's] knowledge and belief. These rules apply to each statement:

- (1) It will not be used in a contest to avoid or reduce that amount of insurance unless:

5

- (a) It is in a written [instrument] signed by [the person]; and

5

- (b) A copy of that [instrument] is or has been furnished to [the person].

- (2) It will not be used in the contest after that amount of insurance has been in force, before the contest, for at least two years during [the person's] lifetime.

The Prudential Insurance Company of America

Explanation of Variable Language for

83500 BCL 5094

There are two types of variable material set forth in brackets within this form. These types are:

- A. Illustrative material; and
- B. Specific variable material.

Illustrative material consists of any entries such as numbers, waiting periods, weekly or monthly benefits, and times which may be varied.

Ranges (e.g., percentages, amounts, times) are shown for some illustrative material and are indicated by arrows on the forms. Actual entries will always fall within the ranges, but may be revised as appropriate. For example, “30 days” may be changed to “1 month” or “365 days” may be changed to “1 year”.

The terms “Contract Holder” and “Employer” may be used interchangeably or may be replaced by other appropriate terms.

The term “you”, “person” or “Employee” may be used interchangeably or be replaced by the term “Member”, “Participant”, “Associate” or other appropriate term describing a member of the group insured. A term such as “Employee” may also be added in front of any coverage name, such as “Employee Voluntary Accidental Death and Dismemberment.”

The term “Dependent”, “Spouse”, “Domestic Partner” or “Child” may be deleted or modified to reflect only the applicable dependents.

The coverage names may be referred to by other appropriate names, such as “Basic”, “Optional”, or “Supplemental”.

The bracketed references will be appropriately modified to reflect grammatical form.

Specific variable material is noted by Marginal Notes. Specific variable material will be changed only as indicated in the Marginal Note explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

Marginal Notes

1. This item may be revised to show the applicable coverages, such as “all Coverages other than term life Coverage” or “Voluntary Accidental Death and Dismemberment Coverage only”.
2. This item may be deleted or the reference to the death certificate may be deleted.

3. This item may be deleted.
4. This item may be deleted in whole or in part, or revised to show different persons or institutions to whom the additional benefits are payable.
5. The word “instrument” may be replaced by another applicable term such as “application”.

SERFF Tracking Number: PRUX-G128317239 State: Arkansas

Filing Company: The Prudential Insurance Company of America State Tracking Number:

Company Tracking Number: AR030030100015

TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment

Product Name: PF: Special Risk AD&D

Project Name/Number: PF: Special Risk AD&D/

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	05/03/2012
Comments: Please see cover letter		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter	Approved-Closed	05/03/2012
Comments:		
Attachment: Cover Letter.PDF		

	Item Status:	Status Date:
Satisfied - Item: Enclosure for Blanket Accident Coverage	Approved-Closed	05/03/2012
Comments:		
Attachment: STANDARD ENCLOSURE FOR BLANKET ACCIDENT COVERAGE.PDF		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	05/03/2012
Bypass Reason: Not Applicable		
Comments:		



Prudential

Patricia A. Lloyd
Assistant Secretary

The Prudential Insurance Company of America
80 Livingston Avenue, Roseland, NJ 07068
Tel 973-548-6479 Fax 973-548-6480
pat.lloyd@prudential.com

May 3, 2011

Insurance Commissioner Jay Bradford
Compliance - Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Re: 83500 BEL 5117, et al

Dear Commissioner Bradford:

We submit, for filing, the group insurance forms listed below. These are new forms and are not intended to replace any previously filed forms. The variable material in these forms has been indicated by brackets and is subject to change as described in the applicable Explanation of Variable Language.

<u>Form Number</u>	<u>Description</u>
83500 BEL 5117	Who is Eligible to Become Insured
83500 ADD R 5107	Voluntary Accidental Death and Dismemberment Coverage
83500 ADD A 5051	Additional Benefits under Voluntary Accidental Death and Dismemberment Coverage
83500 ADD H 5023	Hazard Provisions under Voluntary Accidental Death and Dismemberment Coverage
83500 ADD D 5026	Definitions under Voluntary Accidental Death and Dismemberment Coverage
83500 BCL 5094	Claim Rules

Description of Filing. The accident forms in this submission may be issued as accidental death and dismemberment coverage or business travel accident coverage. Form 83500 BEL 5117 is a combination life and accident form.

Intended Use. These forms may be used with our 83500 series of forms and any other appropriate group insurance forms on file with the Insurance Department. In addition we wish to use these forms as well as the previously approved forms listed on the attached Enclosure as blanket accident insurance.

Certification. We certify that, in our judgment, the forms in this submission are in compliance with Rule 19 (Unfair Sex Discrimination in the Sale of Insurance), Rule 49 (Life and Health Insurance Guaranty Association Notices), A.C.A. 23-79-138 and Bulletin 11-88 (Policy Information Requirements), and all applicable requirements of the Department.

Readability Certification. We certify that, in our judgment, the forms in this submission comply with the requirements of A.C.A. 23-80-201 through 23-80-208, cited as the Life and Accident and Health Insurance Policy Language Simplification Act. These forms have been scored separately for the Flesch reading ease test using the computer service to which we subscribe. The test was applied to the entire contract form and the score for each form is shown below.

<u>Form Number</u>	<u>Flesch Score</u>
83500 BEL 5117	55.7
83500 ADD R 5107	52.4
83500 ADD A 5051	55.3
83500 ADD H 5023	58.4
83500 ADD D 5026	50.3
83500 BCL 5094	56.2

Filing Fee: The filing fee of \$300.00 is being sent through Electronic Fund Transfer (EFT). Please note that retaliatory filing fees are not applicable because our Home State, New Jersey, does not charge filing fees.

If there are any questions regarding this filing, please feel free to call Laura Edcius at 973-548-5372 or me at 973-548-6479.

Sincerely,



Patricia A. Lloyd
Assistant Secretary

ENCLOSURE FOR BLANKET ACCIDENT COVERAGE

CONTRACT FORMS

Form Number	Description	Approval Date	SERFF Filing Id
83500 COV 5040	Contract Cover Page	3/29/2010	CMPL - 126533994
83500 GCS 5017	Group Contract Schedule	3/29/2010	CMPL - 126533994
83500 SPR 5010	Schedule of Premium Rates	3/29/2010	CMPL - 126533994
83500 GR 5136	General Rules	3/29/2010	CMPL - 126533994
83500 MOD 5007	Modification of the Group Contract	3/29/2010	CMPL - 126533994
83500 SCH 5012	Schedule of Plans	3/29/2010	CMPL - 126533994
83500 APP 5063	Application	3/29/2010	CMPL - 126533994

CERTIFICATE FORMS

Form Number	Description	Approval Date	SERFF Filing Id
83500 BTC 1001	Table of Contents	10/3/1984	N/A
83500 BSB 1005	Schedule of Benefits	10/3/1984	N/A
83500 BEL 5117	Who Is Eligible to Become Insured	In this submission	
83500 ADD R 5107	Voluntary Accidental Death and Dismemberment Coverage	In this submission	
83500 ADD A 5051	Additional Benefits under Voluntary Accidental Death and Dismemberment Coverage	In this submission	
83500 ADD D 5026	Definitions under Voluntary Accidental Death and Dismemberment Coverage	In this submission	
83500 ADD H 5023	Hazard Provisions under Voluntary Accidental Death and Dismemberment Coverage	In this submission	
83500 ADD U 5034	Voluntary Accidental Death and Dismemberment Coverage Schedule of	3/7/2005	SERT-6A4JSC102/00

	Benefits		
Form Number	Description	Approval Date	SERFF Filing Id
83500 BBN 5028	General Information	8/3/2007	PRUX- 125239038
83500 BAS 5071	Limits on Assignments	8/3/2007	PRUX- 125239038
83500 BCL 5094	Claim Rules	In this submission	
83500 BTE 5086	When Your Insurance Ends	8/3/2007	PRUX- 125239038
83500 BCT 5020	Certificate of Coverage	8/3/2007	PRUX- 125239038